



STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 03/25/2015
Time: 02:00 PM
Location: 309
Committee: House Education

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: SB 1221, SD2, HD1 RELATING TO HEALTH.

Purpose of Bill: Requires the Department of Education to consult with the Department of Health and the American Diabetes Association to develop and adopt rules for the training of school employees and qualified volunteers to provide care to students with diabetes. Appropriates funds. (SB1221 HD1)

Department's Position:

The Department of Education (Department) appreciates the intent of SB 1221 SD2 HD1. However, we respectfully suggest that this measure is not necessary as related existing services are currently in place. Further, the Department has substantive concerns and asks that this measure be held in committee.

At this time, the Department very conservatively and cautiously estimates a basic budget of \$1,165,760 for one school year 2015-16 to address adequate resources and staff, programming, training of employees and volunteers, investigations, data accountability, notices, and reporting requirements. However, the department continues to analyze this measure as there are many additional student-related scenarios and variables that may considerably increase the budgetary needs to implement this measure, including but not limited to students with diabetes actively participating in sports, community service activities, extended neighbor island, out of state or out of country school travel, proms, after school plus (A+) program.

SB 1221 SD2 HD1 will impose a substantial workload increase on school operations. Further, a range of concerns will continue to have a potential cost impact as related to possible collective bargaining issues, need to renegotiate vendor contracts, and negative legal ramifications by mandating various provisions, including but not limited to:

•**The minimum number of three school personnel requiring training for at least one student and the specified distribution of a written notice if fewer than three school employees are available.** Page 6, Section 2, §302A-B (b), lines 8-15, "Each school that has at least one student with diabetes enrolled shall provide the training required under subsection (a) to a minimum of three school employees. If at any time fewer than three school employees are available to be trained at the school, the principal or other school administrator shall distribute a written notice to all staff stating that it is seeking employees to serve as diabetes care personnel."

•**The specified times a school shall hold the training before each school year starts and following a student's enrollment or diagnosis.** Page 7, Section 2, §302A-B (d), lines 9-18, "The nurse or a health care professional with expertise in diabetes care shall coordinate the training outlined under subsection (a). If there is any student with diabetes enrolled at the school before the start of the school year, the school shall hold the training before each school year starts. If a student with diabetes enrolls in the school or is diagnosed with diabetes after the school year has started and the school has not held the diabetes care training before the start of the school year, the training shall be held no more than thirty days following the student's enrollment or diagnosis."

•**The responsibility placed on the Department and schools to provide training for all school employees, including bus drivers.** Page 7, Section 2, §302A-B (e), lines 19-21, page 7, Section 2, §302A-B (e), lines 1-3, "Each school shall provide training for all school employees responsible for the supervision of any student with diabetes, including bus drivers who transport students with diabetes, regarding the recognition of hypoglycemia and hyperglycemia and the appropriate action to take in an emergency situation." (Note: Bus drivers are not DOE employees.)

•**The nurse or trained diabetes care personnel required to be present at each school during and after regular school hours.** Page 9, Section 2, §302A-D (c), lines 12-17, "A nurse or trained diabetes care personnel shall be at each school that has enrolled a student with diabetes during regular school hours, after-school care programs, field trips, extended off-site excursions, extracurricular activities, and on buses when the bus driver has not completed the necessary training required under section 302A-B."

Should it be necessary for the Finance Committee to address the financial implications of this measure, we would ask for your favorable support as the Department would not have the means to implement this measure within our budget, and that SB 1221 SD2 HD1 not replace or adversely impact priorities indicated in our Executive Budget.

The Department has worked together with the DOH and the American Diabetes Association in improving systems and communication between all parties regarding the care and support of students with diabetes. Additionally, the Department has an established protocol for supporting students, as detailed in the attached Model Flow

Chart for Diabetes Care developed in partnership with the Department of Health and American Diabetes Association, which addresses many of the provisions included in SB 1221 SD2 HD1.

Lastly, a 504 Plan may be created to provide accommodations to meet a student's needs. It also provides the non-discrimination protections of Section 504 to address administrative complaints. Hawaii Administrative Rule Chapter 61 ensures the Department's implementation of Section 504. Depending on the level of care needed a request for Skilled Nursing services may also be made.

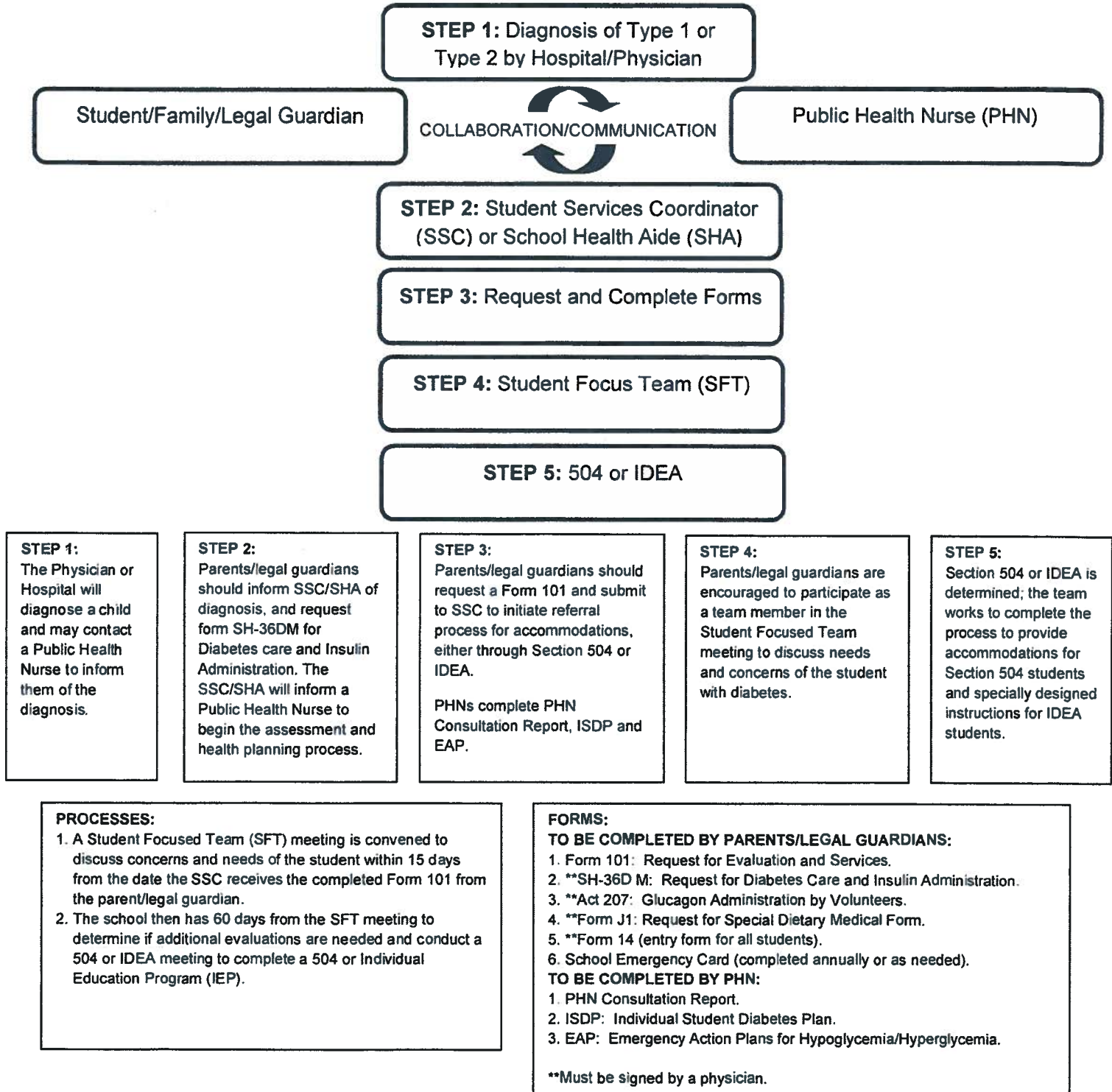
Thank you for the opportunity to provide testimony on SB 1221 SD2 HD1.



Attachment to DOE testimony for SB 1221 SD2 HD1 03252015.pdf

DIABETES CARE MODEL FLOW CHART FOR STUDENTS WITH DIABETES IN HAWAII PUBLIC SCHOOLS

The Model Flow Chart for Diabetes Care is intended for parents/legal guardians to understand the processes, forms, and stakeholders involved in providing supports for students with diabetes. The goals of the supports are to enable the student with diabetes to successfully and safely self-manage diabetes during school and school related activities in order to maximize their learning, and to achieve a successful transition into college, career, and citizenship.



ROLES AND RESPONSIBILITIES

PARENT/LEGAL GUARDIAN:

- Express concern by completing Form 101; discuss concerns with Student Services Coordinator (SSC) or the School Health Aide (SHA).
- Request and complete all forms and return to Public Health Nurse (PHN).
- Collaborate with the PHN to develop an Individualized School Diabetes Plan (ISDP) and an Emergency Action Plan (EAP).
- Request 504 Plan.
- Provide and maintain all supplies/equipment needed for diabetes care in the school.
- Provide snacks, an emergency kit, etc. to assist with treating a hypoglycemia.
- Communicate with school, public health nurse with any updates or changes that need to be made to the ISDP and/or 504.

PUBLIC HEALTH NURSE

- Complete Nursing Assessment and Recommendations.
- Communicate with parents, school, and primary care physician to develop an ISDP, EAP, and 504 Plan.
- Assist in the training for volunteer school personnel in diabetes care.
- Monitor student's diabetes status in schools and discuss concerns with parent or legal guardian and physician.
- Support and advocate for student and parents

SCHOOL

- Provide all forms applicable and requested to Parent/Legal Guardian.
- Provide accommodations to support the student with diabetes as indicated by the ISDP, EAP, and 504 Plan.
- Communicate special events (birthdays, field trips, etc.), with parents/legal guardians to ensure that adjustments may be made for the student if necessary. These events should also be noted in the ISDP.
- Have appropriate volunteer school personnel trained in diabetes care, and/or provide contract nursing services as needed.

STUDENT

- Establish goals to Self-Management and steps to be able achieve such goals.
- Inform appropriate person(s) regarding needs, feelings, concerns, etc.

GLOSSARY

504 Team: A group of persons knowledgeable about the student, the meaning of the evaluation data, and the placement options including teachers, counselors, the principal or designee, the parent of the student, and may also include others such as the health aide, custodian, cafeteria manager, who might be involved in the evaluation or 504 plan.

IEP: Individualized Education Program: A written statement for each child with a disability that is developed, reviewed, and revised in a meeting in accordance with federal regulations.

IEP Team: A group of persons that include parents, teachers, and Dept. of Education representatives who work to complete an individualized education program (IEP) for a student with a disability found eligible under IDEA/Chapter 60.

IDEA: Individuals with Disabilities Education Act: Federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities.

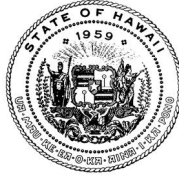
ISDP: Individual Student Diabetes Plan: Plan developed and signed by the student's personal health care team and parent/guardian with the specific needs of an individual student in mind. It should detail all the elements of care and assistance for that student.

Section 504 Plan: Provides the provision of accommodations and related services based on the needs of the individual student in the general education setting. The 504 Plan affords equal educational opportunity and ensures that the qualified student with a disability receives an education comparable to that of his/her non-disabled peers.

SHA: Student Health Aide: School level staff member who provides emergency first aid care to ill and injured students, maintains the health room, and is responsible for health room documentation and student health records.

SFT: Student-Focused Team: Group composed of various school personnel, parents, and other service providers that meet to determine the need for evaluation and eligibility of Section 504 and/or IDEA.

SSC: Student Services Coordinator: The school level staff member who does the intake of all Form 101 (Request for Evaluation) and coordinates Student-Focused Team meetings.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on SB 1221, SD2 HD1
Relating to Health**

REPRESENTATIVE ROY TAKUMI, CHAIR
HOUSE COMMITTEE ON EDUCATION

Hearing Date: March 25, 2015

Room Number: 309

1 **Fiscal Implications:** None.

2 **Department Testimony:** The Department of Health (DOH) appreciates the intent of SB1221
3 SD2 and defers to the Department of Education (DOE) regarding implementation of this bill.
4 The bill requests that DOE consult with the DOH and the American Diabetes Association (ADA)
5 to develop and adopt rules pursuant to chapter 91 for the training of school employees and
6 qualified volunteers to provide care to students with diabetes. Currently, all students requesting
7 diabetes care management in the school setting are referred to a PHN for a nursing consultation.
8 The consultation includes an assessment of the student's needs, development of a plan that may
9 include an emergency action plan (EAP), assessment of volunteers and training based on the
10 specific needs of a student. PHNs use standard forms based on ADA best practices in
11 collaboration between DOH, DOE and ADA. Currently, the DOH provides all the training to
12 school personnel on diabetes care. This past school year, PHNB provided 100 training sessions
13 on diabetes to 576 DOE employees.

14 **Offered Amendments:** The DOH recommends clarification on the terms, "nurse," "licensed
15 health care professional" and "qualified healthcare professional." Without a definition, "nurse"
16 may be considered a "licensed health care professional" and "qualified health care professional,"
17 in relation to the providing training to "trained diabetes care personnel." Page 10, line 6 refers to
18 "licensed health care professional" and line 10 refers to "qualified healthcare professional." The
19 DOH recommends replacing the definition of "nurse" to read "Nurse shall have the same
20 definition as in section 457-2 and shall include any other licensed or registered nurse providing

- 1 care to students with diabetes under this part, such as public health nurses.” DOH also
- 2 recommends using and defining the term “qualified healthcare professional” in place of “licensed
- 3 health care professional.”
- 4 Thank you for the opportunity to testify.

DAVID IGE
GOVERNOR



CATHERINE PAYNE
CHAIRPERSON

STATE OF HAWAII
STATE PUBLIC CHARTER SCHOOL COMMISSION
('AHA KULA HO'ĀMANA)

<http://CharterCommission.Hawaii.Gov>
1111 Bishop Street, Suite 516, Honolulu, Hawaii 96813
Tel: (808) 586-3775 Fax: (808) 586-3776

FOR: SB1221 SD2 HD1 Relating to Health
DATE: Wednesday, March 25, 2015
TIME: 2:00 p.m.
COMMITTEE(S): House Committee on Education
ROOM: Conference Room 309
FROM: Tom Hutton, Executive Director
State Public Charter School Commission

Chair Takumi, Vice Chair Ohno, and members of the Committee:

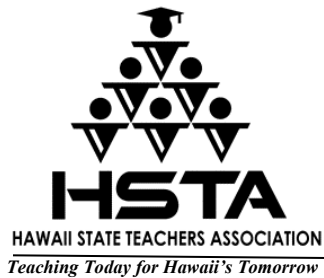
The State Public Charter School Commission appreciates the opportunity to submit these written comments on Senate Bill 1221 SD2 HD1, "Relating to Health," which would establish various requirements for public schools, both Department of Education ("DOE") schools and public charter schools, related to serving students with diabetes.

The Commission is strongly committed to ensuring that all students have fair access to Hawaii's public charter schools. We would like to bring a few considerations to the Committee's attention as it considers this proposal:

- The requirement that trained personnel accompany the student at all times, including when on the bus, may prove operationally challenging for public schools, especially public charter schools. Depending on the child's particular circumstances, this may also be unnecessary.
- Each public school on its own—especially each public charter school—may find it challenging to provide annual training by a nurse or a health care professional, as the bill requires. We appreciate the addition of appropriations to this measure to effectuate its purposes, and we would hope that these appropriations would include the funding necessary to provide any mandated training of public schools employees.

- The requirement that the school implement a diabetes medical management plan for a student as submitted by a parent, as is, could preclude exploration of other approaches that may meet the student's medical needs while also better reflecting the school's operational needs or, if applicable, allowing for better incorporation into the student's Section 504 plan.
- If proposed section 302A-E on school enrollment is to be adopted, we would recommend that for ease of reference its provisions be applied to public charter schools separately by adding a new section to the bill amending Section 302D-34, Hawaii Revised Statutes (the section of the charter school statute that addresses enrollment), to replicate there the same provisions now set forth in proposed section 302A-E. We then would recommend a conforming revision the new proposed section 302A-E to apply specifically to DOE schools, as opposed to all public schools.
- There are likely to be cost implications under proposed section 302A-H (b) to allowing lawsuits against schools, and the recovery of attorney's fees, for failure to comply with all of the provisions of the proposed bill. We note that the bill already provides for an impartial administrative hearing before the DOE.

Thank you for your consideration of these comments.



1200 Ala Kapuna Street ♦ Honolulu, Hawaii 96819
Tel: (808) 833-2711 ♦ Fax: (808) 839-7106 ♦ Web: www.hsta.org

TESTIMONY BEFORE THE HOUSE COMMITTEE ON
EDUCATION

Wil Okabe
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Colleen Pasco
Secretary-Treasurer
Wilbert Holck
Executive Director

DATE: WEDNESDAY, MARCH 25, 2015

RE: S.B. 1221, S.D. 2, H.D. 1 – RELATING TO HEALTH

PERSON TESTIFYING: JOAN LEWIS, VICE PRESIDENT
HAWAII STATE TEACHERS ASSOCIATION

The Honorable Chair Roy Takumi, the Honorable Vice-Chair Takashi Ohno and
Members of the Committee:

On behalf of Hawaii's 13,500 public and public charter school teachers, the Hawaii
State Teachers' Association **supports the intent of S.B. 1221, S.D. 2, H.D. 1** with
comments.

All our students deserve a learning environment that both maximizes their opportunity
for success and ensures their safety. For students dependent on medications
particularly in matters that may be life or death in nature, it is clear that prior planning
and training are necessary for safety's sake.

Our schools currently comply with 504 protocols for students who have life conditions,
either temporary or permanent that may hamper their learning. For each of these
students, a 504 plan is created and school staff members are then directed to utilize the
plan for the student for whom it is written. Based on the great impact the timely
administration of medication can have for these students a more definitive plan would
be in order. This is particularly important for those teachers who work directly with the
students needing accommodations more specific than a 504 plan.

This bill continues to speak not only to volunteers who can be trained to deliver and
assist with medication as necessary for students but also to achieving a higher standard
of medically trained personnel at the schools for our younger students who need
assistance in proper protocols of testing and outcome assessments. This is certainly a
step in the right direction.

For all staff however, general training, as part of our annual school safety trainings, in
dealing with medical crises that may arise from these and other medical issues may be
warranted. What are the immediate first steps? How do we, as teachers address both
the needs of the child in distress at the same time we must continue supervising our
other students? What is the school plan and protocol for emergent conditions? These
are a few of the questions that could be addressed through training.

It is clear, particularly with the growing level of children being diagnosed with diabetes, that legislation such as this is necessary and the concepts that lead to safe schools for all students supported.

HSTA **supports the intent of S.B. 1221, S.D. 2, H.D. 1.**

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John A. Burns School of Medicine
National Adult Strategies Committee

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Lotus Pond Communications

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President
Diagnostic Laboratory Services, Inc.

Executive Director, Leslie Lam

March 24, 2015

The Honorable Roy Takumi, Chair
House Committee on Education
Hawaii State Capitol, Room 309
Honolulu, Hawaii 96813

Dear: Chair Takumi and Members of the House Committee on Education,

On behalf of the Community Leadership Board of the American Diabetes Association (ADA), and the over 600,000 individuals who have prediabetes or diabetes in Hawaii, I am writing to ask for your full support of **SB 1221 SD2 HD1** to ensure the care, safety, and education of approximately 1,000 students with prediabetes and diabetes in Hawaii.

Favorable support of SB 1221 SD2 HD1 will:

- allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin that the student uses as outlined in the students diabetes medical management plan and 504 accommodations, as diabetes is considered a disability under the federal law through the American's with Disabilities Act.
- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities in the classroom or any school-related activity; and
- allow students to retake exams in the event they experience a high or low blood sugar and were not able to complete testing;

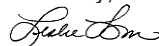
I encourage you to stand alongside the ADA and urge you to fully support **SB 1221 SD2 HD1** to ensure that students with diabetes are safe at school and able to succeed at school academically.

- We have identified gaps in diabetes care provided by Hawaii schools, and we are concerned about the unfair treatment and inconsistent information shared with many families and the inadequate care of the children due to untrained staff.
- These gaps place many students with diabetes in an unsafe medical environment and prevent them from fully participating in the academic experience and reaching their potential. Some families have taken lengths to home school their child to avoid a medical crisis or have moved to another state to ensure that their children are kept medically safe at school.
- SB 1221 SD2 HD1 will provide assurance that schools will inform and assist parents or guardians of all students who have diabetes and consistently share DOE policies regarding diabetes and the 504 process.
- SB 1221 SD2 HD1, follows the approach that nearly 30 states have taken in addressing such challenges by, allowing non-medical school personnel to volunteer to be trained to provide routine diabetes care to students, when a health aide, nurse, or contract nurse is not available. The bill includes language to authorize trained school staff to provide diabetes care and includes liability protections.
- The ADA has FREE training materials designed specifically for schools; therefore there will not be a cost to the school.

I strongly believe SB 1221 SD2 HD1, is necessary to ensure students with diabetes receive appropriate care. I would greatly appreciate your deep consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

Please feel free to contact me to discuss your concerns or questions. I am available at llam@diabetes.org or 808.947.5979.

Sincerely,



Leslie Lam, Executive Director
American Diabetes Association





Hawaii Chapter

AAP - Hawaii Chapter

5414 Kirkwood Place
Honolulu, HI 96821

Hawaii Chapter Board

President

R. Michael Hamilton, MD, MS, FAAP
Department of Pediatrics,
Hawaii Permanente Medical Group
2828 Paa Street
Mapunapuna Clinic, 2nd Floor
Honolulu, HI 96819
Phone : 808/432-5604
Fax : 808/432-5601
Email: Michael.R.Hamilton@kp.org

Vice President

Mae S. I. Kyono, MD, FAAP
1319 Punahou Street, 7th Floor
Honolulu, HI 96826
Phone: 808/780-5286
Fax: 808/983-6109
Email: mkyono@hawaii.edu

Secretary

Josephine Quensell, MD, FAAP
1319 Punahou Street, Suite 1050
Honolulu, HI 96826
Phone: 808/942-8144
Fax: 808/955-3827
Email: quensell@hawaii.edu

Treasurer

Milette Oliveros, MD, FAAP
1319 Punahou Street
Honolulu, HI 96826
Email:
Milette.Oliveros@kapiolani.org

Chapter Executive Director

Kathryn Sthay
5414 Kirkwood Place
Honolulu, HI 96821
Phone: 808/377-5738
Fax: 808/377-3683
E-mail: ksthay@aap.net

Immediate Past President

Kenneth T. Nakamura, MD, FAAP
1319 Punahou Street, Room 743
Honolulu, HI 96826
Phone: 808/983-8020
Fax: 808/983-6343
E-mail: kennethn@kapiolani.org

Chapter Web site

www.hawaii.aap.org

AAP Headquarters

141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098
Phone: 847/434-4000
Fax: 847/434-8000
E-mail: kidsdocs@aap.org
www.aap.org

March 24, 2015

Written Testimony from Michael Hamilton, President

RE: SB 1221 SD2 HD1

Dear Representative Takumi and Members of the House Committee on Education:

Thank you for this opportunity to testify in strong support of SB1221 to ensure the care, safety, and education of students with diabetes in Hawaii.

The Hawaii Chapter of the American Academy of Pediatrics is a voluntary organization of over 200 pediatricians in Hawaii. Our mission is to attain optimal physical, mental and social health and well being for infants, children, adolescents and young adults in Hawaii.

SB1221 SD2 HD1 will ensure that students with diabetes are safe at school and able to succeed at school academically.

- Students with diabetes qualify for a "504 Plan" that prohibits discrimination against people with disabilities. The 504 Plan sets out the actions the school will take to ensure that students with diabetes are safe, treated fairly and have the same access to education as other children. However, too often, parents of newly diagnosed students are not made aware of this plan and must take on the burden of their child's diabetes care during the school day or risk having their child excluded from educational activities. This unfair treatment has a huge impact on families, as the parents must often take time from work and other responsibilities, to care for their child during the school hours.
- The AAP Hawaii Chapter is concerned about the unfair treatment many children with diabetes face at school due to inadequate care and untrained staff.
- These gaps place many students with diabetes in an unsafe medical environment and prevent them from participating fully in the classroom or school-sponsored activities.
- This bill aligns with the American Academy of Pediatrics Policy Statement: Guidelines for the Administration of Medication in School (2009) which recommends "trained and supervised unlicensed assistive personnel (UAP) who have the required knowledge, skills, and composure to deliver specific school health services under the guidance of a licensed RN."
- SB1221 SD2 HD1 follows the approach that most states have taken in addressing such challenges by, allowing non-medical school personnel to volunteer to be trained to provide routine diabetes care to students, and by allowing students who are able to do so to self-manage their diabetes in the classroom or at school-sponsored events.

We strongly believe SB1221 SD2 HD1 is necessary to ensure students with diabetes receive the fair, appropriate care and are provided access to supplies they need at times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care. Thank you for your consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. Michael Hamilton".

R. Michael Hamilton, MD, FAAP
President



Re: SB 1221

In support of bill "Students with Diabetes; Schools"

Dear Legislators,

I am writing you as President of the Hawai'i Dietetic Association (HDA). We have over 260 members in the state of Hawai'i including Guam and Saipan. The HDA is an affiliate of the Academy of Nutrition and Dietetics. Our members are the trusted and credible source of food and nutrition information.

HDA supports SB 1221 which would require the Department of Education to provide care to students with diabetes pursuant to the student's diabetes medical management plan. It is important that students with diabetes are supported in their medical management while at school in order to maintain safe blood sugar levels which can prevent school absences and ensure optimal academic performance.

Most sincerely yours,

Justin Miyashiro
President-Elect, Hawaii Dietetic Association
justinkmi@hawaii.rr.com
(808) 386-6826

Dr. Jane K Kadohiro, DrPH, APRN, CDE, FAADE

Diabetes Education and Support Consulting Services

1629 Wilder Avenue 504

Honolulu, HI 96822

USA

(808) 271 1282 kadohiro@hawaii.edu

March 23, 2015

The Honorable Representative Roy Takumi, Chair

The Honorable Senator Takashi Ohni, Vice Chair

House Committee on Education

Hawaii State Capitol

Honolulu, Hawaii 96813

RE: SB 1221 SD 2, HD 1 Please note additional reference on page 2 to SB 846

In Strong Support of SB 1221 SD 2 HD 1 with proposed amendments HEARING date 3/25/15

Dear Chair Takumi, Vice Chair Ohno, and members of the House Committee on Education:

Successful academic achievement and preparedness for a productive life is seriously impaired among students who have life-threatening health needs that are not addressed during the school day and during school related activities. Diabetes is life-threatening for most children so affected.

I am writing in strong support of SB 1221, SD 2 , HD 1 which will vastly improve the ability of children who have diabetes to receive their life saving insulin and perform critical self management tasks during the school day and during school related activities... all of which are necessary 24/7 for these students to live safely with diabetes, to learn, and to become productive members of society. By being medically safe at school, these children will maximize their learning and go on to live rich, full, productive lives.

Diabetes is- and for many years has been considered a disability under the federal law through the American's with Disabilities Act- and thus all students who have diabetes qualify- and should be informed that they qualify for accommodations to be made via the 504 process

The Department of Education has had many years of many opportunities to correct these serious concerns, and they have not. While a small amount of progress has been made over many years, there is still no DOE policy to address these serious issues, and the same calls of desperation continue year after year from parents of newly diagnosed children or when children transfer or advance to a new school.

Though the diabetes care aspects of SB 1221, SD 2 HD 1 in its current form that now includes earlier proposed amendments by the American Diabetes Association are absolutely crucial, there are two additional aspects of care that are also life saving aspects of standards of care and self management for all children/students who have diabetes. **The following additional amendments to SB 1221, SD 2 HD 1 would address these additional critical needs of students with diabetes:**

1* permit students with diabetes to test their blood glucose during routine academic (including standardized) test taking, treat as needed, and resume test taking.

2* make known to and assist parents or guardians of all students who have diabetes, the DOE policies regarding diabetes, the 504 process, the required forms, and other individualized plans and accommodations that the student may require. (Currently, many if not most parents are not made aware of the 504 process, nor of the role and access to Public Health/School Health Nurses when they notify their child's school that their child has diabetes. This is a huge issue!)

3* (effective date). This bill needs to become law very quickly. Students with diabetes have endured these problems far far too long!

Finally, while another bill, SB 846 proposes a very long needed means to address some of the unresolved issues resulting from Act 51 with the establishment of a two year interagency task force to address the many health issues that affect students in our school system, the needs of students who have diabetes has been far to long overlooked. We cannot wait for another three to five years for a task force to convene, develop a plan and propose rules, engage in implementing the new rules, and further jeopardize the safety and learning potential of students who have diabetes. SB 1221 SD 2 HD 1 is needed NOW! It was needed a long, long time ago!

Below my signature I have included just a few examples of situations that I have encountered over many years in working with families and with the "system." I welcome any concerns or questions and can best be reached at 808 271 1282 or at kadohiro@hawaii.edu.

Mahalo nui loa for your interest in the health and learning of Hawaii's children!! I appreciate your serious attention to and support of SB 1221, SD 2, HD 1 together with these very important amendments- all a basic standard of care of a child with diabetes all day, everyday throughout his or her life.

Dr. Jane K Kadohiro

Lifetime Volunteer and Past President, American Diabetes Association – Hawaii

Past National Board Member, American Diabetes Association

Chair, Advocacy Committee

President and CEO, Diabetes Education and Support Consulting Services

The Queen's Medical Center, Diabetes Center, retired. 2009-2013

Professor and Advanced Practice RN from University of Hawaii, retired. 1991-2009

Deputy Director of Health, State of Hawaii, 2002-2004

Public health Nurse, Hawaii State Department of Health, 1978-1991

Person with Type 1 Diabetes for 60 years

Unfortunately, this is often not the case with children who have diabetes in Hawaii's schools. In many situations, parents have been instructed by school officials to enroll their child at a school that has a nurse, and in numerous situations, parents have had to take time off work every day to go to their child's school to give their child insulin, test blood sugar, etc. A number of parents have actually had to quit their jobs to care for their child during the school day, and some have actually moved to the mainland U.S. where care is available within the school system. A teenager (who was an honors student and active in his school and community) was warned that he could not keep any food in his possession (which is needed to treat low blood sugar), and if he was ever caught with an insulin syringe at school, he would be taken immediately to the police station! This youth, as with most teens who have diabetes, is well able to self manage his diabetes without a disruption in his learning- and with minimal supervision.

For over 20 years, I have been involved in numerous meetings with various school officials and others to address the critical health dangers faced (and experienced) when the issues addressed in HB 861 (and the proposed amendments noted below) are not available to students- and in fact in numerous cases have been denied. Representing my official work and volunteer work, though attempted many times, I have never been given an appointment with any of the Superintendents in these 20 years. After many unsuccessful attempts to schedule a meeting over many years, when finally seen by the Chair of the Board of Education and two other members, we were told that our concern is not their responsibility. We were informed at a meeting this past year- and the DOE the House Committee on Health in 2013- that that our concerns are clearly addressed in DOE policy This is NOT so!



SEVEN-ELEVEN HAWAII, INC.
7-ELEVEN Stores

The Honorable Roy Takumi, Chair
House Committee on Education
Hawaii State Capitol

March 24, 2015

Dear Representative Takumi and Members of the House Committee on Education:

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

- Allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan; and
- Permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- Allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

Children with diabetes are protected by Federal Laws such as:

- The Americans with Disabilities Act; and
- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act

I strongly believe **SB1221 SD2 HD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call me at 447-7201. The ADA Hawaii Office is also available at (808) 947-5979, or via email at ADAHawaii@diabetes.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Blake Yokotake', with a stylized flourish at the end.

Blake Yokotake
Human Resources Manager
Seven-Eleven Hawaii, Inc.
Direct: (808) 447-7201
Email: blake_yokotake@7-11.com

**TESTIMONY OF ROBERT TOYOFUKU ON BEHALF OF THE HAWAII
ASSOCIATION FOR JUSTICE (HAJ) IN SUPPORT OF S.B. NO. 1221, SD 2, HD
1**

Wednesday, March 25, 2015

2:00 pm

To: Chairman Roy Takumi and Members of the House Committee on Education:

My name is Bob Toyofuku and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) in support of S.B. No. 1221, SD 2, HD 1,

HAJ initially opposed the immunity provision as written in subsection (f) on page 10, lines 8-12 of the SD 2. However, HAJ now supports the amendments that were made in the HD 1 regarding the immunity provisions and supports this version of the bill.

Thank you for the opportunity to testify and listening to our concerns and comments.

The Honorable Roy Takumi, Chair
House Committee on Education
Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

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I strongly believe **SB1221 SD2 HD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.



(these are just a few of the keiki and their families who are affected by diabetes every day)

It can be difficult for any child to feel like they “fit in” with their peers. Imagine how difficult it must be on children who are diagnosed with this life-changing disease; why make their lives even more difficult? We should provide them with any medical assistance and considerations necessary to enhance their education so that they stay

focused on learning. I would greatly appreciate your consideration and urge you to support this important legislation and invite your colleagues to do the same.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at (808) 947-5979, or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,

Robyn Mizuno | Manager, Fundraising and Administration
American Diabetes Association
Pioneer Plaza
900 Fort Street Mall, Suite 940
Honolulu, Hawaii 96813
P: 808.947.5979, Ext. 7034 F: 808.546.7502 E: rmizuno@diabetes.org
1-800-DIABETES (342-2383)



Find us online at: www.diabetes.org/hawaii | www.diabetes.org | www.stopdiabetes.com
For Volunteer Information Exchange: <http://www.facebook.com/AmDiabetesVols>



SB1221

Submitted on: 3/23/2015

Testimony for EDN on Mar 25, 2015 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
cheryl	Individual	Support	No

Comments: and support parents and students who are already experts on their individual diabetes routines. also being aware that the current standardized testing regime puts an extra strain on students with medical needs like diabetes and appropriate procedures should be in place to minimize that stress.

The Honorable Roy Takumi, Chair
House Committee on Education
Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

Diabetes is one of the most common chronic-diseases in children in Hawaii and must be continually managed around the clock 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With this said, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

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I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at (808) 947-5979, or via email at ADAHawaii@diabetes.org.

Thank you for your time and consideration.

Thanks,

Eddie Fox
District Business Manager - Hawaii
Novo Nordisk Inc.
800 Scudders Mill Road
Plainsboro, NJ 08536
USA
808-927-0253 (direct)
efox@novonordisk.com

The Honorable Roy Takumi, Chair

House Committee on Education

Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

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If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at (808) 947-5979, or via email at ADAHawaii@diabetes.org.

A hui hou,

Faith

Faith Sereno Rex
President, SMS Consulting LLC

The Honorable Roy Takumi, Chair
House Committee on Education
Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

I am a pediatric resident at JABSOM and agree with the statement below. I wrote a policy brief earlier this year to urge the AAP to continue their support for allowing trained volunteers to help improve our children's education. Safety has been shown in other states, and this is the best way to keep our children in the classroom and our parents at work. Please find the brief attached.

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

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I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at [\(808\) 947-5979](tel:8089475979), or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,

Grace Lim, MD, MPH
509-251-1745
gxlim@hawaii.edu

TO: AAP Council on School Health

FROM: Dr. Grace Lim, MD, MPH, PGY-2, University of Hawai'i

DATE: October 1, 2014

RE: Utilizing Unlicensed Assistive Personnel (UAP) to Provide Quality Diabetes Care in Schools

Introduction

Diabetes care in schools remains sub-par due to a lack of full-time school nurses and concerns about liability in delegating duties to unlicensed assistive personnel (UAP). This is problematic, as children with diabetes should have the same rights to equal education opportunities as children without. Currently, most states allow for the use of UAP to administer insulin as cost prevents district hiring of full-time school nurses.ⁱ Having trained UAP in schools decreases the amount of the time children spend outside of class in the health office and prevents parents from missing or giving up work in order to help administer insulin to their children in school.

The current AAP position on general medication administration includes sparing use of UAP for "single-dose medication delivery or life-saving emergency medication administration."ⁱⁱ This brief describes the current political landscape and then outlines three specific recommendations for inclusion in the emerging AAP guidelines, specifically regarding insulin administration in schools. Recommendations are to: 1) increase availability of trained personnel in schools who can administer insulin; 2) prioritize safety in diabetes care by creating standardized training for insulin administration in schools and expanding training of emergent injectable administrations to include glucagon; and 3) minimize liability for trained personnel in schools. An AAP policy statement including these recommendations will result in quality diabetes care for children in schools.

Background

In 2013, the California Supreme Court ruled that state law allowed trained unlicensed assistive personnel (UAP) to administer insulin.ⁱⁱⁱ Although most states had previously adopted this practice, none had fought for its recognition at this level of the judicial system.^{i,iii} In this pivotal case, a minority of parents and educators backed the American Nurses Association (ANA) in their argument that insulin is a dangerous drug that requires two nurses to verify dosing prior to administration in the hospital, citing a threefold increase in medication errors by UAP.^{iv,v}

The American Diabetes Association (ADA), on the other hand, celebrated this ruling as a victory with the support of the Obama administration, the American Association of Clinical Endocrinologists (AACE), the Disability Rights Education and Defense Fund (DREDF), the American Association of Diabetes Educators (AADE), many teachers and parents, and the American Academy of Pediatrics (AAP).^{iii,vi} However, the current official AAP policy on medication administration in schools relies heavily on full-time school nurses, operating under the assumption of best practice.ⁱⁱ With the known budget constraints in most districts, it is not feasible to adequately address diabetes care without the use of UAP. Given this reality, the AAP must expand its recommendations to ensure that the current practice in so many states is not only sufficient, but also superlative.

Recommendations

The current school system cannot feasibly support full-time nurses in each facility – this is clear. Despite this reality, the AAP can continue to support schools in providing the best possible care to children with diabetes using the following recommendations.

1. Utilize trained UAP for insulin administration while continuing to emphasize the ideal of full-time school nurses.

School employees may already be familiar with diabetes management, and those who are not are conceivably akin to parents of children with new diagnoses. In a 2007 cross-sectional study in Virginia by the ADA's Safe at School program, parents reported that over 30% of people administering insulin to their children in schools were UAP, consisting of volunteer teachers, administrators, coaches, and cafeteria workers, indicating that recruitment will not be an issue.^{vii} Further, while the ANA frequently cites medication errors by UAP in a 2000 University of Iowa study, they do not report that errors were mostly missed doses due to children not presenting for medication, which rarely included insulin, if at all.^{viii}

The South Dakota Virtual Nursing Project also successfully utilized UAP via occasional virtual nursing interactions for monitoring over a three year period.^{ix} Only one error occurred during the study; this was due to a mistake in carbohydrate counting and did not affect insulin dosing or administration. Lastly, an extensive web search revealed only one news article regarding insulin overdose in school; this event involved a nurse, rather than UAP.^x Given this data, UAP can be trusted to help administer insulin safely.

2. Standardize training for UAP via a certification program in diabetes care in schools. All staff should recognize signs of hypoglycemia and those trained in EpiPen injections should also be trained in emergent glucagon administration.

Current training programs vary by state and district without a set curriculum or standard trainer.^{xi} If safety is the number one concern in the use of UAP, the AAP should utilize available resources, such as existing training documents by the ADA and AADE, to provide adequate and safe training.^{xii,xiii} Emphasis should also be placed on the need for interval recertification.

In addition to insulin administration, emergency situations should be recognizable by all staff and treatable by those with appropriate training. Individuals designated for such training can be identified by current standards for anaphylaxis treatment and CPR training.

3. Minimize liability for school nurses and UAP who aid in diabetes care.

In order to continue recruitment and retention of school nurses, in-school caregivers must be protected legally. State laws vary in this regard.^{xiv,xv} For example, CA state law specifically deems that nurses assign, rather than delegate, tasks to UAP, in order to prevent UAP from practicing under a school nurse's license and to remove any increased legal risk from individual school nurses.^{xvi}

Importantly, trained UAP should be volunteers and not required individuals within the school system. States and districts should explore whether "Good Samaritan" statutes in their jurisdiction apply to volunteer UAP, particularly with regard to insulin administration in school.

Conclusion

Children with diabetes deserve quality care in school in order to learn at their best. Producing a strong AAP policy statement on insulin administration that includes increased availability of in-school caregivers, improved safety via excellent training of caregivers, and minimal liability in order to recruit and retain caregivers, will ensure effective treatment of diabetes, better learners, and brighter futures.

Special thanks to: Dr. Jeff Okamoto, MD, FAAP; Leslie Lam, Hawaii ADA Executive Director; and Dr. Jane Kadohiro, DrPH, MS, APRN, CDE, FAADE.

Endnotes

- ⁱ State School Health Policy Database: Administration of Medications. National Association of State Boards of Education. www.nasbe.org. Accessed 24 Sept 2014.
- ⁱⁱ American Academy of Pediatrics. Policy Statement – Guidance for the Administration of Medication in School. *Pediatrics* 2009. 124(4):1244-1251.
- ⁱⁱⁱ “The California School Diabetes Care Lawsuit: Questions and Answer for California Parents and Guardians.” Disability Rights Education & Defense Fund; American Diabetes Association Safe at School. Sept 2013. Accessed 20 Sept 2014.
- ^{iv} National Association of School Nurses. Position Statement: Diabetes Management in the School Setting (print). Jan 2012.
- ^v Spradling, N. “Myth vs. FACT – A Rebuttal to the Diabetes in CA Schools Website.” ANACalifornia.org. 12 Apr 2010. Accessed 25 Sept 2014.
- ^{vi} Egelko, B. “Obama Administration Steps into Insulin Shot Fight.” SFGate.com. 29 May 2011. Accessed 25 Sept 2014.
- ^{vii} Hellems, M. & Clarke, W. Safe at School: A Virginia Experience. *Diabetes Care* 2007. 30:1396-1398.
- ^{viii} McCarthy, A., et al. Medication Administration Practices of School Nurses. *Journal of School Health* 2000. 70(9):371-376.
- ^{ix} Damgaard, G. Virtual Nursing Project (presentation notes). South Dakota Board of Nursing. 16 Oct 2013.
- ^x Rasta, A. “Mother: Daughter overdosed due to ‘negligent’ school nurse”. KTSM.com. 13 Mar 2013. Accessed 26 Sept 2014.
- ^{xi} State School Health Policy Database: Administration of Medications. National Association of State Boards of Education. www.nasbe.org. Accessed 24 Sept 2014.
- ^{xii} American Diabetes Association. Position Statement: Diabetes Care in the School and Day Care Setting. *Diabetes Care* 2013. 36(S1):S75-S79.
- ^{xiii} American Association of Diabetes Educators. AADE Position Statement: Management of Children with Diabetes in the School Setting (print). Aug 2012.
- ^{xiv} Lechtenberg, J. Legal Aspects of School Nursing. *School Health Alert*. Apr 2009.
- ^{xv} Kelly, M., et al. School Nurses’ Experiences With Medication Administration. *The Journal of School Nursing* 2003. 19(5):281-287.
- ^{xvi} Kahn, P. & Grasska, M. Navigating the New Landscape for Medication Administration at Schools (Powerpoint slides). California School-Based Health Alliance Conference. 7 Mar 2014. Available at <http://cshca.wpengine.netdna-cdn.com/wp-content/uploads/2014/03/Navigating-New-Landscape-for-Medication-Administration-at-Schools.pdf>. Accessed 28 Sept 2014.

TESTIMONY IN SUPPORT OF SB1221 SD2 HD1

March 23, 2015

The Honorable Roy Takumi, Chair
House Committee on Education
Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of SB1221 SD2 HD1 to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. SB1221 SD2 HD1 will:

- allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan; and
- permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

Children with diabetes are protected by Federal Laws such as:

- The Americans with Disabilities Act; and
- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at (808) 947-5979, or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,


Iris R Okawa

808-694-4157

Iris.okawa@boh.com

The Honorable Roy Takumi, Chair
House Committee on Education
Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

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- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

My daughter currently attends Ma'ema'e elementary and they have been very supportive of her condition and working with me to make sure her plan was always prepared and ready for her school years. Health aide there is very helpful in making sure my daughter is taken cared of before and after lunch. The only thing that still worries me from time to time is making sure my daughter gets her snack either at recess or even during class to make sure we can prevent low blood counts. Being it's not a definite she'll be told or allowed to have her snack it worries me that we could experience hypoglycemic during school hours, being I've experienced this type of reaction before with my daughter I couldn't imagine her suffering this without me being there to help treat it. I know right now there is not too many teachers or employees around her during the day that would know how to treat this type of reaction, knowing there can be people fully trained to know how to react to these types of reactions would make me feel she is safer during the day and that someone would be there and know how to treat her preventing her from further damage or even death. In her plan we do have it noted that she needs to have a snack to prevent low blood counts but there is some days when my daughter comes home and says she didn't get to eat a snack! This worries me. I know the teachers are busy and they sometimes forget and can't remember to remind or have the child eat their snack, I don't want this to continue and be realized by them when it's too late.

Children with diabetes are protected by Federal Laws such as:

- The Americans with Disabilities Act; and
- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act

I strongly believe **SB1221 SD2 HD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to email me. Pazohana05@yahoo.com

Mahalo nui loa,

Jamie Loke Paz
Pazohana05@yahoo.com

SB1221

Submitted on: 3/24/2015

Testimony for EDN on Mar 25, 2015 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Joanna Keala Patterson	Individual	Support	No

Comments: Please pass SB 1221 so children living with diabetes and their families can feel safer in schools. Schools should remain safe learning environments for everyone. This bill ensures that for the many children in Hawaii that live with diabetes and struggle with monitoring and administering treatment for their diabetes while at school and away from their parents. Bills similar to this have passed in other states. This bill is crucial to Hawaii as more and more children are expected to get diabetes. I know a young 5th grader student who is diabetic. Everyday since she entered kindergarten her mother has come at lunchtime to check her daughter's levels and administer treatment. Let's make it easier for families and children by passing this bill that will require schools to have medically trained school personnel to help monitor and assist students with diabetes. Thank you!

The Honorable Roy Takumi, Chair
House Committee on Education
Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

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If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at (808) 947-5979, or via email at ADAHawaii@diabetes.org.

Thank you,

Lawrence Duenas, LJ | Associate Director
Pioneer Plaza, 900 Fort Street Mall, Suite 940, Honolulu, Hawaii 96813
Office: 808.947.5979 Fax: 808.546.7502 Email: lduenas@diabetes.org



The Honorable Roy Takumi, Chair

House Committee on Education

Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

I am the mother of a five-year-old boy that was diagnosed with type 1 diabetes at age 2 1/2. The diagnosis hit our family very hard. We have gone through a lot of emotional and physical stress to make sure our son grows as a healthy and happy child. His education is very important to us, so that he can fulfill his dreams and ambitions, as any other child. Maintaining him safe as school is of great importance to any parent, but it is even more important for parents with a child with diabetes. I hope that parents of children with diabetes don't have to go through the struggle of setting up diabetes care for their keiki from scratch, but that there is something already set up for this families.

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

- allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan; and
- permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

Children with diabetes are protected by Federal Laws such as:

- The Americans with Disabilities Act; and
- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act

I strongly believe **SB1221 SD2 HD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at [\(808\) 947-5979](tel:8089475979), or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,

Leyla Kaufman
808-351-7367
leyla@hawaii.edu

The Honorable Roy Takumi, Chair
House Committee on Education
Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

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I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at (808) 947-5979, or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,

Marion M. Kamei



First Hawaiian Bank.

Senior Vice President & Team Leader

Private Banking Division

1580 Kapiolani Blvd. Honolulu, HI 96814

Direct: (808) 943-4480 Fax: (808) 943-4548

mkamei@fhb.com

NMLS: 543065

The Honorable Roy Takumi, Chair

House Committee on Education

Dear Representative Takumi and Members of the House Committee on Education:

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

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I strongly believe **SB1221 SD2 HD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at [\(808\) 947-5979](tel:8089475979), or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,

Marisol Quintanilla

The Honorable Roy Takumi, Chair
House Committee on Education
Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

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- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act

I strongly believe **SB1221 SD2 HD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at (808) 947-5979, or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,

Michael Bornemann, MD
585-0741
mbornemann1@yahoo.com

The Honorable Roy Takumi, Chair
House Committee on Education
Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

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Children with diabetes are protected by Federal Laws such as:

- The Americans with Disabilities Act; and
- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act

I strongly believe **SB1221 SD2 HD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care. Passing this bill would also help facilitate compliance among these young individuals, knowing that non-compliance is the number one reason these children are hospitalized should urge you to support this bill and possibly help prevent hospitalization and future complications of Diabetes.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to email me. The ADA Hawaii Office is also available at [\(808\) 947-5979](tel:8089475979), or via email at ADAHawaii@diabetes.org.

Mahalo,

Puanani Hopson, DO
Pediatric Resident - Kapiolani Medical Center

The Honorable Roy Takumi, Chair
House Committee on Education
Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

Please support SB1221 SD2 HD1 to protect the health, safety, and education of children in Hawaii who have diabetes. I recognize the bill may present some changes for the Department of Education but other states have adopted similar measures because our children need it. Our kids in Hawaii who live with diabetes have symptoms that are no less serious (and are no less deserving) than children in other states. Please help them get the assistance they need to fulfill a sound and safe education in our Hawaii school system.

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. It takes constant monitoring and management does not go away when a child goes to school, or attend school-related activities. SB1221 SD2 HD1 will:

- allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the student's diabetes medical management plan; and
- permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

I strongly believe SB1221 SD2 HD1 is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

As a parent of a 7 year old who has been living with diabetes for 5-1/2 years, we have seen what our child needs to be successful in school. Access to diabetes supplies are a necessity 24-hours a day, particularly during school hours when the stress of school activities often distracts a child from proper management and care. We need to make it as convenient as possible for our children to care for themselves and keep themselves safe. Testing and self managing are safe activities but must be done consistently and often, no matter where a child is. More often than not, you can't foresee when a child will fall into a compromising blood glucose situation. If a child has to make it to some other part of campus that is a sanctioned place to test or manage her health, it not only puts the child at risk, it is a loss of valuable learning time.

Living with type 1 diabetes sucks. It's relentless, it's exhausting and it's life altering. Our kids with this disease grow up much faster than their peers. The discipline necessary to keep them safe is daunting. These kids deserve a break and the support of an educational system that encourages them to make good choices and allows them the access and ease to care for an extremely complicated disease that haunts them 24-hours a day, 7 days a week, 365 days a year. There is no break from this disease. We should at least give our kids the support they need and a chance to live with it healthily, positively and safely.

I not only urge but plead with you to support this important legislation and its implementation upon the close of this Legislative Session.

Thank you for your consideration.

Aloha,
Selena Ching
2526 Olopuia St, 96822
(808)395-4998

The Honorable Roy Takumi, Chair

House Committee on Education

Dear Representative Takumi and Members of the House Committee on Education:

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

- allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan; and
- permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan

Children with diabetes are protected by Federal Laws such as:

- The Americans with Disabilities Act; and
- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act

As an adult type 1 diabetic diagnosed at age 9, I strongly believe **SB1221 SD2 HD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at (808) 947-5979, or via email atADAHawaii@diabetes.org.

Mahalo,

Tabitha Carreira

Ph: 808-799-9854; Email: tcarreir@my.hpu.edu

The Honorable Roy Takumi, Chair
House Committee on Education
Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

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I strongly believe that the provisions detailed in **SB1221 SD2 HD1** are medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care. As a co-chair of the Hawaii Coordinating Body of the American Association of Diabetes Educators (AADE), I would like to add that AADE strongly supports this comprehensive bill, as indicated in a position statement backing the three federal laws listed above as well as some state laws that provide protections to students with diabetes. Under these laws, diabetes is considered to be a disability, and it is illegal for schools and child care providers to discriminate against children with diabetes. Any school that receives federal funding or any facility open to the public must reasonably accommodate the special needs of children with diabetes.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session. If you have any questions, please feel free to call or email me. The American Diabetes Association Hawaii Office also is available at (808) 947-5979, or via email at: ADAHawaii@diabetes.org.

Mahalo and Aloha,

Viola E. Genadio, APRN, CDE, BCADM
Hawaii Coordinating Body of AADE
(808) 672-9170
genadiof001@hawaii.rr.com

The Honorable Roy Takumi, Chair
House Committee on Education
Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

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I strongly believe **SB1221 SD2 HD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at [\(808\) 947-5979](tel:8089475979), or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,

John Misailidis, MD
Attending Physician, Queen Emma Clinics
(808) 691-4970
jmisailidis@queens.org

The Honorable Roy Takumi, Chair
House Committee on Education
Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

I am writing of behalf of my 5 year old son Nicholas who has Type 1 Diabetes. This Bill is extremely important not only our family as Nicholas will begin kindergarten in the Fall, but the approximately 1000 other Diabetic Keiki in Hawaii. Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of SB1221 SD2 HD1 to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. SB1221 SD2 HD1 will:

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I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at (808) 947-5979, or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,

Andy Kaufman
kaufmana@hawaii.edu
99-380 Hakina St
Aiea HI 96701

The Honorable Roy Takumi, Chair

House Committee on Education

Dear Representative Takumi and Members of the House Committee on Education:

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

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I strongly believe **SB1221 SD2 HD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at [\(808\) 947-5979](tel:8089475979), or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,

Helen Spafford

808 778 0756

helen.spafford@gmail.com

Dear Representative Takumi and Members of the House Committee on Education:

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. With that, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

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As past president of the Hawaii State PTSA, I strongly believe **SB1221 SD2 HD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at [\(808\) 947-5979](tel:8089475979), or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,

Valerie Sonoda

Phone: 808-347-5153

Email: ybc6025@yahoo.com

The Honorable Roy Takumi, Chair

House Committee on Education

Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

Diabetes is one of the most common chronic-diseases in children and must be managed 24 hours a day, 7 days a week. Diabetes does not go away when a child goes to school, or attend school-related activities. My dear friend's son has type 1 diabetes and has to constantly manage his sugar levels. I would like to know that when he goes to first grade, there will be someone trained to help him monitor his diabetes and administer insulin when he needs it.

With that, I write to ask for your full support of **SB1221 SD2 HD1** to end discrimination and miscommunication in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **SB1221 SD2 HD1** will:

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I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at [\(808\) 947-5979](tel:8089475979), or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,

Alexandra Shibata

[\(808\) 454-2979](tel:8084542979)

alexandra.shibata@gmail.com

The Honorable Roy Takumi, Chair
House Committee on Education
Hawaii State Capitol

Dear Representative Takumi and Members of the House Committee on Education:

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- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act

I am the mother of two children with Type 1 Diabetes, would greatly appreciate your support in the passage of **SB1221 SD2**. It will provide my children an opportunity to attend their school, Mililani Uka Elementary, with a safe environment that helps manage their diabetes. When a child receives a diagnosis of diabetes, so does the entire family. Many people don't think much about diabetes, but it is life changing with life ending consequences if not managed well. Unfortunately, my both of son, ages 4 and almost 2 years old, have already seen their fair share of the emergency room. But their bravery and resilience showed me just how strong these keiki really are, and how such a horrible disease can turn something so negative into such a positive. With tears still on their cheeks, they manage to smile and laugh and pretend they are robots with their "robot arms" (IV's to hydrate high sugars). Their aloha spirit shows me that even keiki have to weather the storm to see the rainbow afterwards. I see it as a metaphor for this exact bill process. For many years, keiki have been discriminated against in our public school system, but they've weathered the storm long enough. It's time for all of you to help bring out the rainbow and be the reason for our keiki to smile. On behalf of my two diabetic children and all the diabetic keiki of Hawaii, I humbly urge you to support the passage of **SB1221 SD2**.

I strongly believe **SB1221 SD2 HD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at [\(808\) 947-5979](tel:8089475979), or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,

Christina DeRamos
(808) 371-9007
chrissy009@yahoo.com