

Hawaii State Legislature
State House of Representatives
Committee on Finance

State Representative Sylvia Luke, Chair
State Representative Scott Y. Nishimoto, Vice Chair
Committee on Finance

Wednesday, March 30, 2016, 3:00 p.m. Room 308
Senate Bill 911 HD 2 Relating to Latex

Honorable Chair Sylvia Luke, Vice Chair Scott Y. Nishimoto and
members of the House Committee on Finance,

My name is Russel Yamashita and I am the legislative representative for the Hawaii Dental Association and its over 1,000 member dentists. I appreciate the opportunity to testify in opposition of Senate Bill 911 HD 2 Relating to Latex. The HDA believes that as well intentioned as this legislation is, tries to solve a problem that really does not exist for the dental and medical professions. Section 2 of this bill essentially puts in to law the procedures that most, if not all, doctors and dentists now carry out any way.

Considering the litigious nature of our society, dentists and doctors are clearly aware of the liability and risks involved in relation to the issue of latex allergies. Both professions take great pains to get from their patients their medical histories and always ask if patients are allergic to any thing like penicillin or latex. Therefore, there is no need to include Section 2. In fact, it would only serve to benefit the attorneys seeking stronger grounds or basis for their lawsuits in the rare instance where a mistake is made. Nothing pleases an attorney more when they can point to a state statute to slam dunk a liability claim.

The proponents of this legislation have testified in prior hearings that the “dust” from latex gloves caused problems for those who are sensitive to latex. If that is the case, then where does the prohibition of the use of latex gloves really protect a patient? Latex is used in many products which are used on a daily basis, from band-aids, rubber bands, erasers, balloons, and diaphragms. In the practice of dentistry, latex components are use in dental dams, orthodontic elastics, gutta perch and a number of other devices. Are the proponents of this legislation going to ask that eventually any product containing latex is to be banned as well?

Currently, all dentists ask their patients for their medical histories to determine if they have any allergies or sensitivity to drugs or latex. In those cases where a sensitivity to latex is indicated, the dentist and his or her staff will use the non-latex nitrile gloves while treating those patients. In such situations, the dental profession has always taken the patient’s interest first and has done so for many years since becoming aware of latex sensitivity.

Additionally, latex gloves provide a much better grip of instruments compared to non-latex alternatives, including nitrile or vinyl gloves, especially when wet. Oftentimes during surgical procedures in dental offices, latex gloves provide a significant margin of safety when compare to alternatives that are currently available.

Considering the exemption the House Health Committee chose to provide for hospital operating rooms as requested by Queen's Hospital's surgeons in House Draft 1, the HDA is perplexed as to why a comparable exemption was not be provided for dentists who provide the same level of work in a dental office operatory. If the legislature is to substitute it's judgement as to the proper professional judgement of a dentist, then it should provide an exemption from liability for any harm bestowed on the public by this legislative mandate for doctors and dentists whose professional judgement you are now substituting for your own.

Therefore, the HDA believes that the ban of the use of latex gloves is not warranted at this time and this legislation be held by this committee.

March 29, 2016

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair
Rep. Scott Y. Nishimoto, Vice Chair

Support for SB 911 - Relating to Latex

We are writing in support of SB911 – “RELATING TO LATEX. Prohibits the use of latex gloves in dental health facilities, health care facilities, by personnel providing ambulance services or emergency medical services pursuant to the state comprehensive emergency medical services system, and in food establishments.”

Latex allergy is a serious concern because it causes reactions ranging from mild rashes to difficulty breathing to deadly anaphylaxis. The allergy progresses with each exposure, and there is currently no medically approved treatment except strict avoidance. Approximately three million people in the general population of the United States have this allergy, and incidence is even higher in certain at-risk populations, such as children with spina bifida (up to 68%), health care workers (up to 17%), and anyone who has a history of other allergies, frequent surgeries, or frequent exposure to natural rubber latex gloves - including (11-12%) food service workers.

Research has shown that the latex proteins that cause allergic reactions can be transferred from natural rubber latex gloves to food. Latex-allergic individuals must be hyper vigilant about latex exposure, and need to be aware if the food they're eating in a restaurant might be a source of a potential allergic reaction. Passing this legislation will protect Hawaii residents and the millions of tourists who visit each year. This bill may also protect food service workers from occupational health risk.

For more information on latex allergy you can contact ALAA at alert@latexallergyresources.org or visit our website www.latexallergyresources.org

Thank you in advance for your support of SB911.

Sincerely,

Sue

Sue Lockwood, CST
Executive Director

Marsha

Marsha S. Smith, RDH, BSDH
President



March 29, 2016

Letter of Support

SB 911 (2016) Relating to prohibiting latex gloves in specific locations

Allergy & Asthma Network, a nonprofit patient advocacy and education organization dedicated to ending needless death and suffering from asthma, allergies and related conditions, supports Hawaii SB 911, which prohibits the use of latex gloves by personnel working in food establishments as well as dental health or healthcare facilities, or by personnel providing ambulance or emergency medical services.

This legislation will help people with life-threatening latex allergies avoid exposure to their allergens and prevent personnel in food service and medical fields from developing a latex allergy by limiting their repeated exposure.

When someone is repeatedly exposed to latex, that person can become sensitized to it. If the person is sensitized enough, a chain reaction will start within the body that can result in symptoms that include coughing, sneezing, watery eyes, shortness of breath, and in the most severe cases, anaphylaxis, a life-threatening allergic reaction.

Listed below are updated statistics from the American Latex Allergy Association regarding the percentage of people allergic to latex:

- 34% of children who have had three or more surgical procedures
- **33.8% of dental care workers**
- 18-73% of people diagnosed with Spina Bifida
- **10-17% of healthcare workers**
- 11% of rubber industry workers
- 11% of the elderly
- 8.3% of the general population

The data supports the need for preventing repeated exposure to latex. Consider the scenario of a person with life-threatening latex allergies needing immediate medical assistance; if this legislation is enacted, that person would not be exposed to latex gloves worn by emergency responders, thereby preventing a second medical emergency.

The **ONLY** way for people with life-threatening allergies to stay safe is to strictly avoid latex as well as foods that cross-react with it — primarily bananas, avocados, chestnuts, and kiwi. The **ONLY** way to prevent a latex allergy from developing is to avoid repeated exposure.

Passing this legislation will greatly improve the quality of life of those employed in the food service and medical fields by preventing repeated latex exposure, protect Hawaii residents as well as the millions of tourists who visit there each year, and ultimately save lives.



8229 Boone Boulevard, Suite 260, Vienna VA 22182 • 800.878.4403 • www.AllergyAsthmaNetwork.org

Arizona, Connecticut, Oregon, and Rhode Island have enacted similar legislation. We urge Hawaii legislators to be proactive in their support of SB 911.

Sincerely,

A handwritten signature in black ink that reads "Tonya A. Winders". The signature is written in a cursive, flowing style.

Tonya Winders
President & CEO
Allergy & Asthma Network

About Allergy & Asthma Network

Allergy & Asthma Network is the leading national nonprofit organization dedicated to ending needless death and suffering due to asthma, allergies and related conditions. Allergy & Asthma Network specializes in sharing family-friendly, medically accurate information through its award-winning *Allergy & Asthma Today* magazine, E-newsletter, website at www.AllergyAsthmaNetwork.org and numerous community outreach programs. Follow Allergy & Asthma Network on Facebook at facebook.com/AllergyAsthmaHQ and on Twitter at twitter.com/AllergyAsthmaHQ. Join Allergy & Asthma Network at www.AllergyAsthmaNetwork.org/join.

28 March 2016 – additional **critical** amendment to original and January 2016 testimonies for SB911 SD2 HD2

Esteemed Members of the Hawaii Legislature,

What you are poised to do is extraordinary. You have, **with the power of your votes**, the **ability to make people** like my daughter, Jillian, **safer**. You are saying to my daughter “We in Hawaii are with you in your quest -- to have a normal, healthy life. We respect the courage you show every day; and we just want to make your noble effort a little easier, and significantly safer.” You can show these daughters, these sons, these mothers, and these fathers – these people who have life-threatening reactions to latex -- you can show them that a government can listen, can advocate for them, can help.

Thank you for giving my daughter this gift of safety, and of simple, everyday freedom.

John Dwyer, Ph.D.

25 January 2016 – **critical** amendment to original testimony for SB911 SD2 HD2

Esteemed Members of the Hawaii Legislature,

This urgent amendment to my original testimony is motivated by a recent **ill-advised proposed addition** (associated with Section 2, Chapter 321) to the upcoming SB911 legislation banning latex products in health care and food services venues – this suggested modification directs that latex gloves, etc., actually **be employed!!** when prospective patients are conscious (and of sound mind? this is not specified), and when they indicate acceptance of latex-product exposures in the course of their impending medical treatments. Leaving aside the issue of whether it can be legally assumed that all patients will always be adequately aware of the possible emergent nature of their latex allergy -reaction status (e.g., moving from skin irritation to more serious evolving allergic responses such as full-on anaphylaxis), this supposedly well-intentioned suggestion would actually *INCREASE* the overall danger for latex allergy sufferers by virtually **guaranteeing** the continued, purposeful, ***routine presence of latex*** [e.g., by thereby standardly requiring the stocking of latex materials in ambulances, by health care workers’ repeated donning and removal of latex gloves] and consequent ubiquitous treatment-area exposure to ALL latex-sensitive patients, regardless of their supposed protections under this legislation. In short, this proposed modification abrogates the directed legislative commitment of SB911; **this modification MUST**

be retracted in order to ensure that the measure's original language and terms successfully enable the intended effectiveness of this life-saving safety measure.

Respectfully,

John Dwyer, Ph.D.

Original testimony

Esteemed Members of the Hawaii Legislature,

My 23 year old daughter, Jillian LeMaster-Dwyer, a recently graduated University of California Irvine Mathematics major, is a vibrant, highly intelligent, articulate, and engaging young woman whom I am sure any one of you would be proud to have working at your side on the many thorny but important state-level issues you address every day for your beautiful state of Hawaii. I hope you get to meet her in person one day so you too can get to enjoy her wit, passion, and tenacity first hand.

She is also a person who lives with a little known, yet surprisingly prevalent, serious condition – she is one of the millions of Americans with an allergy to latex – an allergy that threatens her and those like her every day. In her case, that threat is as severe as it gets: when she is exposed to latex, she can die if she does not receive emergency medical procedures followed by significant (currently 3-6 day) hospital treatments and monitoring. And this is to say nothing of the typically 2 to 3 month total recovery period she must endure for her body to regain a relatively robust equilibrium ... until the next exposure when this terrifying cycle recurs.

And at every step in these well-intentioned medical interventions, supposedly life saving treatments are fraught with ironic danger –EMTs, doctors, nurses, and hospital staff (working in ERs, recovery areas, and hospital rooms) standardly wear latex gloves, administer medicines from vials sealed with latex caps, serve patients while wearing masks with latex elastics, and use syringes with latex plungers and IV tubes also made of latex. Medical charts are sometimes held closed with (latex) rubber bands, and patient treatment updates are even entered using (latex eraser – equipped) pencils. Floors away from supposed direct patient contact, cafeteria workers routinely use latex gloves in food preparation and service. And well-meaning visitors are allowed to bring in balloons to their patient friends and relatives.

This scenario can be, and unfortunately frequently is, played out in almost every ambulance, hospital, and nursing home facility in California, and across the nation. Only the Long Beach Memorial and Stanford Medical Centers are designed by

hospital policy and practice to protect against these potentially lethal in-situ re-exposures of patients – two hospitals in a state of some 30 million people.

We implore Hawaii to pass the legislation implementing these modest accommodations required to more adequately protect the thousands of people with Jillian's allergy, legislation that will make our ambulances, our hospitals, and restaurants significantly safer. We implore Hawaii to be the leader in showing our nation how to address this threat to our loved ones ... and to us all, really.

My wife and I thank you for this opportunity to offer this statement in support of this important bill.

John Dwyer, Ph.D.

Testimony on the Position that Latex is Unsafe & Costly

Dear Honorable Representatives of the Finance Committee;

My name is Carolyn Mirek and I have a life threatening latex allergy. I have been disabled from my career as a registered dental hygienist since 2001 due to my exposures to latex. I never imagined that the latex gloves that I would wear for protection while treating patients could cause life threatening anaphylaxis. In 2006 I fought to prove my disability in a six day jury trial. In January 2012 a federal appeal court found that latex allergy meets the ADA definition of a disability.

I am part of the up to 6% (or 1 in 16) or more of the general public who struggle to be safe every day. I need to make sure my health care providers don't use latex. If I eat outside the home, I worry if my food is safe. Latex has proven to transfer and stay on food and surfaces for more than 24 hours. Latex is aerosolized into heating and air conditioning systems contaminating carpet, upholstery and everything else in a room. Just a small amount of latex protein can cause an allergic reaction or life threatening anaphylactic shock. Symptoms may range from skin redness, hives, itching, swollen eyes, light headedness, confusion, and asthma to vomiting and diarrhea, airway closure, and in rare instances- death. For a latex sensitive or allergic individual, reactions can be unpredictable. With each exposure to latex toxins reactions may get progressively worse. Symptoms may be evident within a few minutes or take up to a couple days. This allergy may also culminate in latex fruit syndrome where an increasing number of plant sources, such as avocado, kiwi, banana, chestnut, peach, tomato, potato, bell pepper, and others cause allergic reactions in latex allergic individuals. In addition, there are thousands of common items containing latex that must be avoided. Many people may not be aware they have this allergy since it is challenging to diagnose and rarely tested for. However, it is so common and severe that it is a question on standard medical histories. Recently, both my mother and 18 year old daughter have been diagnosed.

In July 2014 I had my most severe reaction and **I thought I was going to die!** I was given emergency treatment at the scene, put on oxygen, and immediately transported by ambulance to the hospital.

In Connecticut, I brought forward HB 5437 AN ACT PROHIBITING THE USE OF LATEX GLOVES IN FOOD BUSINESSES and it was signed by Governor Malloy on June 30 , 2015. There is NO reason to use latex in food service when less expensive alternatives such as vinyl or nitrile are available. The Connecticut Department of Public Health and the National Institute for Occupational Safety and Health (NIOSH) recommend that latex gloves NOT be used in food establishments. Latex gloves may cause severe allergic reactions in certain sensitized individuals. As stated in 105 CMR 590.004(E), **single-use natural rubber latex gloves are *not recommended* in food establishments.**

If latex is not safe for food businesses, why would it be used in a health care setting? I know people who travel long distances for a safe place to go for health care and dentistry.

Please save lives, protect careers, and save the costs of lost wages, emergency medical costs, medications and Epipens, disability claims, and workers compensation claims and ban latex. Being a safe, allergy friendly state will certainly keep residents and tourists healthier and save money.

Sincerely,

Carolyn Mirek

Carolyn Mirek, RDH
Deputy Mayor of South Windsor, CT
Past President Hartford Dental Hygienists' Association
Member Connecticut Dental Hygienists' Association
860-729-3806/cmirek@cox.net

http://www.sustainablehospitals.org/HTMLSrc/IP_latexallergy.html

The American Academy of Allergy, Asthma and Immunology says, "The capacity of latex products - especially gloves - to cause allergic reactions varies enormously by brand and by production lot." The term "Low protein" is subjective and unreliable.

<http://www.aaaai.org/conditions-and-treatments/Library/At-a-Glance/Latex-Allergy.aspx>

The American College of Allergy, Asthma and Immunology states, "... yes, a person allergic to latex could definitely have an allergic reaction to food handled with latex gloves. Therefore, it would be best if no latex products were used to prepare food in this situation."

<http://acaai.org/resources/connect/ask-allergist/does-use-latex-gloves-food-preparation-pose-danger>

The American College of Allergy, Asthma and Immunology (ACAAI) and the American Academy of Allergy Asthma and Immunology (AAAAI) issued a joint statement discouraging the routine use of NRL gloves by food handlers. (1997).

FOLLOW THE MANDATES OF THE FDA, CDC, AND NIOSH AND USE NON LATEX GLOVES!

The link and notes below are from the FDA Food Code.

<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm189211.htm>

3-304.15 Gloves, Use Limitation.

Refer to the public health reason for § 3-304.11.

Gloves used in touching ready-to-eat food are defined as a "utensil" and must meet the applicable requirements related to utensil construction, good repair, cleaning, and storage.

<http://www.ncbi.nlm.nih.gov/pubmed/12440950>

<http://latexallergyresources.org/latex-free-products>

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 29, 2016 7:46 AM
To: FINTestimony
Cc: delaneylemasterdwyer@gmail.com
Subject: Submitted testimony for SB911 on Mar 30, 2016 15:00PM

SB911

Submitted on: 3/29/2016

Testimony for FIN on Mar 30, 2016 15:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Delaney LeMaster-Dwyer	Individual	Support	No

Comments: I am posting my testimony here as well as submitting it through a file in the event that the file is unable to be opened. The following is my testimony: I am a student at the University of California, Berkeley, studying Peace and Conflict Studies and Disabilities. I am testifying in support of the passing of this bill in Hawaii. UC Berkeley's student government, ASUC, has just passed a bill in support of using alternatives to latex products (including gloves, balloons, and rubber bands) on our campus due to the latex allergy. It is a serious health problem that can only be controlled by limiting exposure to the substance. With the increase in allergies to this toxic substance (latex), it is a no-brainer to switch over to latex-safe options. Everyone has the potential of attaining this allergy, as it is caused by overexposure to latex. Once one has developed the allergy, the only way to ensure one's safety is by avoidance. Sure, someone who is allergic to latex can carry Epi Pens, wear a medical alert bracelet, make everyone aware of their allergy on a daily basis (which is taxing in and of its own accord), and avoid latex products as much as possible, but there are some situations in which that is just impossible. Let's say someone with the allergy were to get into a car accident and they were unconscious. Paramedics are not required to be latex-safe. So, even if the subject has multiple Epi Pens, a medical alert bracelet, stickers on their car saying "Latex Allergy"...what does it matter, if the paramedic touches the unconscious subject with their latex gloves (or with their hands that have touched latex gloves within the previous 24 hours), — the subject's throat may close upon contact with the paramedics hands and be declared as dead on scene. This is a serious issue. People who are allergic are doing all they can just to survive everyday. We need to help them and everyone else (because everyone is at risk of developing this allergy to latex) by removing the serious harmful latex products from everyday situations, such as latex gloves in food preparation (which is extraordinarily dangerous to be ingesting latex on a daily basis anyways) and latex gloves in ambulances, dental practices, and other medical practices.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to

the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

Dear Members of the Joint Committee on Public Health,

My Name is Debra A. Whitemaine, I live in Pennsylvania and I have a severe latex allergy. I react to airborne, contact, and foods with cross reactive proteins.

On October 10, 2014 I accompanied my family to a local Long Horn Steakhouse. I brought my own food due to my severe food allergies. I normally don't even go to restaurants but I had family here from out of town. I called the restaurant and asked if they used latex gloves and I was told they used vinyl.

We were in the bar area waiting for our table. Within 10 minutes of being there I started to feel a reaction starting. I wasn't sure of the cause but it felt latex related. I was experiencing chest tightness, raspy voice and funny feeling in my head. The waitress seated us and I asked if latex gloves were used in the kitchen. I explained my latex allergy to her and that I was having a reaction. She returned and said they used latex and vinyl gloves. I immediately left the building and sat in my car while everyone else enjoyed their meal. I took Zyrtec, used my rescue inhaler and performed acupressure message points to reduce the symptoms. When my family members got into my vehicle to go home I was triggered again because the particles were on their clothing. I took a Pepcid AC once I arrived home for my ongoing symptoms.

Please support Proposed Bill H2055 to prohibit latex glove use in food establishments. Exposing people to a known allergen without their knowledge is unacceptable. There are less expensive alternatives to latex gloves that would protect your citizens and employees from exposure to latex. People working in the food industry are now becoming allergic to latex from wearing these gloves. With each exposure the allergy may escalate to anaphylaxis, which is a matter of life or death.

I urge you to join Oregon, Arizona, Rhode Island and Connecticut in banning latex from the food industry. My hope is that similar legislation will pass in all states.

Thank you.

Debra A. Whitemaine

Kunkletown, PA

HI SB 911 SD2 HD1
RELATING TO LATEX
House Committee on Finance
Chair: Rep. Sylvia Luke
Vice Chair: rep Scott Y. Nishimoto
March 29, 21016

Dear Rep. Luke, Rep. Nishimoto and Members of the Committee:

My name is Mary Catherine Gennaro, DO. I am a board certified physician in NH. I am also a member of the NH Medical and Public Health Task Force. I am writing to support SB 911 SD2 HD1: Relating to Latex.

This bill makes both medical and fiscal sense. Latex allergy affects 3-19 million Americans. The symptoms range from hives to anaphylactic shock and even death. This allergy is 100% preventable with no treatment and no cure. It is life long and progressive.

There are approximately 60 different allergens in natural rubber latex. This is in the gloves, which includes the powder, and balloons. Latex allergy is airborne as well as physically present on anything the glove touches. People with an allergy to Natural Rubber Latex will have reactions if they are in an environment where latex gloves have been or are used. This is an invisible allergen. People with latex allergy do not know until it is too late that they have been exposed.

This public health problem is not only preventable it is expensive. If someone has an allergic reaction and requires an Epi-Pen that is at least \$300, the protocol is for 2 pens and a trip to the emergency room. That will cost between \$1500 and \$200,000. Medical employees, dental employees develop this allergy at a higher rate than the average American. Now food service employees are developing this preventable allergy. Latex allergy is covered under workman's compensation, the American with Disabilities Act and Medicare. This can also be a malpractice suit. You cannot help a person with a latex allergy if you are using latex anywhere in your vicinity. This includes in the ambulance and areas of the emergency room.

In NH the hospitals and EMS as well as most police began removing latex gloves and products from their facilities in 2006. We are latex safe in all areas now. Johns Hopkins Hospital banned latex gloves and products from their facilities in 2008 citing 1/17 Americans has this allergy. It is simply too dangerous to use.

SB 911 SD2 HD1 protects everyone. It protects employers from inadvertently hurting their employees and exposing themselves to workman's' compensation claims as well as – in the case of the medical field- malpractice. It protects the employee from developing this horrible, progressive, lifelong allergy, saving them money in medical fees, it protect the public from developing this allergy as well as

having a severe allergic reaction. No one wants to hurt anyone in the food service industry or the medical or dental fields. Please support SB 911 SD2 HD1.

Please look favorably on this bill.

Sincerely.

Mary Catherine Gennaro, DO
Plymouth, NH
Mandy.gen@gmail.com

HOUSE OF REPRESENTATIVES
THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON FINANCE
Rep. Sylvia Luke, Chair
Rep. Scott Y. Nishimoto, Vice Chair

Wednesday, March 30, 2016

I am in SUPPORT of SB911 SD2 HD2 related to latex, although the bill as written is very confusing and fear more patient injury will occur. As long as latex gloves are being used by medical and dental staff the latex residue will be on their clothing and in the air vents. The facility will not be safe for a latex allergy patient unless there are signs on the doors that state Latex gloves are in use, alerting the patient which will allow him/her to choose whether or not to enter.

It is not safe for any emergency response personnel or its transport vehicles to use latex gloves for the same reasons. All emergency transport vehicles and personnel will have latex residue on their clothing and in their vehicle if they carry latex gloves. Furthermore, emergency response personnel come out of their vehicle with gloves already on before asking a patient of their allergies. This would expose the patient to latex and for a latex allergy patient it would be too late.

I respectfully ask that your committee amend **Section 2 and Section 3** to read:

"§321- **Dental health facilities; health care facilities; use of latex gloves.** All personnel working in dental health facilities or health care facilities, including all facilities listed in section 321-11(10), shall be prohibited from using latex gloves with limited exception to hospital operating rooms that have a strict latex allergy protocol in place providing a latex safe operating suite that adheres to hospital policies and procedures that set standards for latex safe environments.

section 3

"§321- **Emergency medical services; use of latex gloves prohibited.** All

personnel providing ambulance services or emergency medical services pursuant to this part shall be prohibited from using latex gloves

These are the current latex allergy statistics from the American Latex Allergy Association:

- 18-73% of people with Spina Bifida
- **33.8% of dental care workers** Gholizadeh, N., H. Khoeini Poorfar, M. Mehdipour, M. Johari, Y. Rashidi, and H. Jabbari Khamnei. "Prevalence of Allergy to Latex Gloves among Dental Practitioners and Its Association with Other Materials." *Avicenna Journal of Dental Research* 3.1 (2011): n. pag. Web.
- 34% of children who have three or more surgical procedures
- **10-17% of Health care workers**
- 11% of rubber industry workers
- 6.8 % of atopic (allergies) individuals
- **8.3% of the general population**
- Also recently it was noted that **11% of the elderly** also have a latex allergy
<http://www.immunityageing.com/content/11/1/7>

Arizona, Rhode Island, Oregon and most recently Connecticut have laws in place banning the use of Latex gloves in all food entities. Massachusetts and New Hampshire have legislation pending.

Latex Allergy is Preventable....Latex Allergy has NO CURE. Removing LATEX Gloves from medical, dental, ambulance, emergency response personnel and all food entities will greatly help PREVENT others from being put at risk of developing a latex allergy simply by stopping the exposure to latex gloves.

Thank you for this opportunity to share my thoughts and concerns.

Anne Marie Jacintho
880 Naalae Road
Kula, Hawaii 96790

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 28, 2016 7:35 PM
To: FINTestimony
Cc: Trish.malone@yahoo.com
Subject: Submitted testimony for SB911 on Mar 30, 2016 15:00PM

SB911

Submitted on: 3/28/2016

Testimony for FIN on Mar 30, 2016 15:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Trisha Malone	Individual	Support	No

Comments: I am writing to let you know that I support bill SB911. My 10 year old daughter and I both have a severe latex allergy. In our case if we are exposed to latex we experience anaphylaxis. Our throat closes and we can die. We have to be extremely careful about where we eat and where we travel to. Currently Hawaii is not a safe place for us to travel. There are currently no protections for us (or the millions of others with a latex allergy) which would allow us a safe place to eat without latex gloves touching our food. Were one of us to have an allergic reaction, or experience any other illness or injury, we would not be able to receive medical care as EMT and hospitals currently allow the use of latex gloves in treatment. By wearing those gloves, the medical professionals trying to help us could instead kill us. With the proposed amendments to the bill, the risk to myself and my daughter in an ambulance or hospital is not mitigated. I am very excited that Hawaii is considering this ban. I would love to be able to return to your beautiful state. I appreciate your efforts on this matter and your approving bill SB 911 without the amendments.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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SB 911
Testimony to the Hawaii Committee on Finance

March 28, 2016

Today you are presented with an incredible opportunity to take the lead in preventing a life-threatening, severe disease: latex allergy.

Latex allergy IS preventable. Latex allergy has NO CURE. To prevent latex allergy, we simply need to *stop exposing people to natural rubber latex*, particularly in medical, dental and food service environments. There is no treatment except to *stop exposing people to natural rubber latex*. It is possible to eliminate latex: large teaching hospitals such as Johns Hopkins and small community hospitals such as Maui Memorial provide latex-safe environments. California requires county ambulance services to use non-latex gloves. Major chains such as Applebees and Chilis as well as savvy small local eateries use latex-free gloves and utensils in food preparation. It can and is being done here and there across the USA both safely and cost-effectively, but not consistently and not in Hawaii.

I developed allergy to latex through exposure from wearing latex gloves as a hospital pharmacist as well as through medical and dental procedures (gloves, dental dams, catheters during surgery, and so forth). I had mild symptoms from the early-1980s, but latex was emerging as major allergen at the time. My reactions worsened slightly in the early 90s, but neither doctors nor dentists could explain rashes on my body or the weird blisters in my mouth. These were symptoms of latex allergy ... but I was never diagnosed accurately.

My allergy progressed to anaphylaxis from two bites of a meal prepared with latex gloves. A couple months after my second C-section (more latex exposure) in 2002, I purchased take-out meals for my older son and me at a restaurant and brought the food home. Home with a 4-year old watching TV and a newborn napping while my husband traveling for work, I ate two quick bites of chicken, ran upstairs with an arm-full of laundry, and went into anaphylaxis by the time I was halfway up the stairs. I ran to the bathroom to vomit and remember looking in the mirror to see my entire body covered in hives right before I fell to the floor semi-conscious in shock. I remember trying to crawl to the phone for help, but only made it a couple feet before I could not move further. I have no idea how long I lay there, but by the grace of God, I survived and went to my physician the next day. Even though I knew this was an allergic reaction, my primary care physician was not convinced and did not send me to an allergist or make a diagnosis. Two months later, I had a similar reaction to restaurant food and barely survived. I later confirmed that both had touched my meals with natural rubber latex gloves.

Many people do not know they have latex allergy until it becomes severe. I had it for almost two decades before I obtained a diagnosis and it was not until after I experience several episodes of anaphylaxis and found a knowledgeable allergist.

With over 100 different latex proteins in the rubber tree, it is a common story for a person to not test positive for latex allergy yet truly be allergic. But because a blood test is negative, many physicians will not diagnose latex allergy because they do not understand the complexities of diagnosing a latex allergy. Extensive clinical history is the critical diagnostic tool and may or may not be supported with a blood or skin test. Health care professionals get little or no training on latex allergy in medical, pharmacy and nursing school.

In the 2012 article, “Latex allergy: assessment of knowledge, appropriate use of gloves and prevention practice among hospital healthcare workers,” which appeared in Clinical and Experimental Dermatology, only 25% of health care workers routinely checked for latex allergy when treating patients. Additionally, 84% of health care workers stated that they would benefit from education about latex allergy. This lack of knowledge puts patients like me into jeopardy every time I need medical or dental care.

Here is the thing about latex allergy that is scary: Latex allergy is progressive – potentially to the point of 100% disability which can lead to Worker’s Comp settlements or government-funded disability payments. Jumping from mild ‘just a rash’ to full anaphylaxis with a single exposure is relatively common. There is no cure; we must just avoid exposure to latex. Latex allergy is the number two cause of anaphylaxis in the operating room – a preventable reaction by simply removing the latex! Having latex-free gloves available is not a safe option. Continuing to use latex gloves in any setting is causing new cases of latex allergy.

A tragic example of the complexity and severity of latex allergy comes from a Mississippi hospital responsible for the death of a 29-year old woman. The patient informed the hospital nursing staff prior to a gynecological surgery that she had a chestnut allergy. Chestnut is a very common cross-reactive food to latex – a food that contains proteins similar to natural rubber latex. Any patient with a ‘cross’ food allergy (eg, chestnut, avocado, banana, papaya, tomato, citrus) needs to be treated as if they have latex allergy. This patient was exposed to latex during surgery, had a severe allergic reaction and ultimately died. The hospital was found negligent and paid \$4.7 million as a result. Asking if a patient is allergic to latex is not enough. An extensive medical history must be obtained by asking about atopic conditions, food allergies and a history of latex exposure – and still latex gloves may not be a safe option. NO LATEX is the only safe option.

I have struggled to find latex-safe dental and medical care. I react to airborne particles and cannot be treated in a facility that provides ‘latex-free’ gloves as an option. We are forced to choose to travel only to states with latex bans on food service and communities that have latex-safe hospitals.

Please support SB 911 and amend it so that natural rubber latex will be eliminated from health facilities, dentist offices, ambulances, and food service.

Thank you for your leadership.

Sincerely,
Cynthia Hespe, RPh, FCSHP

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 28, 2016 5:43 PM
To: FINTestimony
Cc: Sbrushn@gmail.com
Subject: Submitted testimony for SB911 on Mar 30, 2016 15:00PM

SB911

Submitted on: 3/28/2016

Testimony for FIN on Mar 30, 2016 15:00PM in Conference Room 308

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

Comments: I am allergic to latex. I can no longer freely go where I want or eat where I wish. All of my medical appt. Must be thoroughly investigated to be sure there is no latex. I also have a doctorate in occupational therapy, and I am having a hard time finding safe employment opportunities. Please make your state as accessible and safe as possible by approving this bill! There is no cure for this allergy, but it can be prevented by limiting exposure. Thank you for your time.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 28, 2016 5:42 PM
To: FINTestimony
Cc: mrowan1@aol.com
Subject: Submitted testimony for SB911 on Mar 30, 2016 15:00PM

SB911

Submitted on: 3/28/2016

Testimony for FIN on Mar 30, 2016 15:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Carkhuff	Individual	Support	No

Comments: Due to many surgeries and exposure to latex in the surgeries, I now have a life threatening reaction to latex. Gloves are very dangerous to me. I found out at my dentist office. He took his latex gloves off before he stepped into the room I was in and I experienced a severe reaction. I almost choked to death. Latex gloves are a real danger and should not be allowed to be used anywhere, under any circumstances. They are an invisible threat, it's not until I've already been exposed that I know. By then I'm in a health crisis. Please, please ban their use and encourage everyone to follow suit. Thank you.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 28, 2016 8:42 PM
To: FINTestimony
Cc: honolulutanny@gmail.com
Subject: *Submitted testimony for SB911 on Mar 30, 2016 15:00PM*

SB911

Submitted on: 3/28/2016

Testimony for FIN on Mar 30, 2016 15:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Tanny Brown	Individual	Support	No

Comments:

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COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Wednesday March 30, 2016

I am in Support of SB 911 Related to Latex, prohibiting the use of latex gloves with concerns for the proposed SB911 HD2 proposed amendments.

My name is Katie Marie Jacintho I am a Junior at Maui High School and was diagnosed with a latex allergy when I was 2 years old after the imprint of my dentist's gloved hands was left on my face in the form of hives. My allergy progressed to anaphylactic after being repeatedly exposed to latex from the orthodontist's open exam/treatment room.

People who know me, know that I rarely talk about my severe latex allergy. It's not the "ELEPHANT IN THE ROOM", it's a FACT of my life that is pretty normal to me by now. Well, I'm breaking my silence.

The original bill was A BAN ON LATEX GLOVES in all MEDICAL, DENTAL, FOOD ENTITIES, AMBULANCE, and EMERGENCY RESPONSE.

There are literally THOUSANDS UPON THOUSANDS of latex products in all those industries and that doesn't include CROSS-ALLERGENS. It's not a ban on all of that, just gloves. It's keeping people SAFER who already have the allergy, but it's also taking a step to PREVENTING other people from getting the allergy. Remember: if you work with latex products YOU ARE AT RISK! High exposure to latex can CAUSE YOU TO DEVELOP THE ALLERGY YOURSELF!

The amendment states that latex gloves are to be USED in DENTAL, EMERGENCY RESPONSE, AMBULANCE, AND HEALTH. LATEX FREE is to be used PRIMARILY for those who STATE they have a latex allergy, and for those who are UNRESPONSIVE or UNABLE TO COMMUNICATE. That doesn't seem so bad right?

WRONG.

Let's look at WHY for a second. BECAUSE latex LEAVES A RESIDUE on ANY SURFACE THAT IT TOUCHES for UP TO 24 HOURS. I SPEAK FROM EXPERIENCE here: if a person in a medical or dental profession PUTS ON LATEX GLOVES TO WORK ON ANOTHER PATIENT, it DOESN'T MATTER HOW MANY TIMES THEY WASH THEIR HANDS. Wherever and whatever that person TOUCHED is now a surface that can CAUSE A REACTION. But that's not all. Latex is AIRBORNE! You can BREATHE IT just from ONE GLOVE being in the same room. Don't believe me?

Try it with someone who has a PEANUT ALLERGY for example. If a peanut is IN THE ROOM, if you ATE PEANUT BUTTER and you are IN THE ROOM, you'd better hope that they've got their EPINEPHRINE AND/OR their INHALOR if they have a severe allergy or you will cause them SERIOUS HARM.

FORTUNATELY not EVERYONE who is allergic to latex has it THAT BAD, but that's beside the point. I'll tell you why: a latex allergy, and for that matter LOTS OF ALLERGIES, GET WORSE WITH EXPOSURE. That means EVERY TIME you step into that office with the latex products, that's ONE STEP CLOSER to making your allergy 10 TIMES WORSE.

Thank you for this opportunity to share my testimony and concerns.

Katie Marie Jacintho

880 Naalae Rd. Kula, HI 96790

TESTIMONY TO SUPPORT LATEX BILL

March 29, 2016

Percentages of Americans with latex allergies vary from 1% to 6% to as high as 12% by some estimations. What we know is that latex allergy is *under-reported*, yet it is the *first* thing asked by the medical profession when patients are questioned about existing allergies. The other thing we know is that latex is *invisible*. It is airborne, and wherever it falls, it remains there for 24 hours. It has no smell; it cannot be seen. Americans *eat latex* everyday. Many food products are produced and/or packaged with, or on, latex (e.g., gloves, conveyor belts, package sealants, etc.). Most Americans *wear latex* everyday. Even clothing that does not report latex in its fabric, may have latex in its thread or other components not reported. These facts are essential to an understanding of how latex exposures affect the public.

Repetitive exposures lead to the development, and worsening of the allergy. There is no cure to this cumulative allergy. As high as 17% of health workers and food service workers, and as high as 30% of dental care workers develop the allergy after working daily with latex gloves, taking them on and off with each patient and procedure, or food preparation activity. This leads to Worker's Compensation issues. It's costly. It is costly in terms of human life, quality of life, and in terms of real dollars and cents. Every American is currently at risk for developing this allergy. And, as we learn more about the allergy, it is more of an acquired illness that brings with it a certain death sentence as Americans find that they cannot escape repeated exposures of latex – even when they perform the activities that are expected to keep them safe, i.e., dressing in latex-safe clothing, eating latex-safe food, being treated by medical care workers without latex in the treatment process or in the environment (as latex is airborne, and any latex in the environment will expose people to latex, whether intended or not).

What happens when you get the allergy? I watched what happens with my daughter. As a young child in dance classes, she would develop rashes where the elastic tops of her costumes touched her skin.

As a teenager, we discovered that latex is in make-up products. Lipstick produced a delayed reaction of swollen lips. When I took her to the doctor for it, the doctor said how beautiful she looked, and how women in Beverly Hills would pay a lot of money to look like that. (Seriously?! Yes, this is what I mean. Few people take this latex allergy seriously; even some physicians.)

By my daughter's senior year in high school, her reaction to latex balloons, rubber bands, and other seemingly innocuous things was to have the right side of her face puff up and paralyze for days (and her "Beverly Hills lips" swelled as well).

Most tragically, when my daughter went in for a simple outpatient surgery to fix a broken nose (seriously – no Beverly Hills nose job here, it was a broken nose going back to its original shape!), the hospital changed her life, and ours – forever. She received a latex IV, latex syringe stoppers, and medicine drawn out of vials with latex stoppers/lids – even though the medical staff were all aware that my daughter was allergic to latex. She had her latex allergy alert bracelet on, and the hospital version of the latex allergy alert bracelet, and I and her father repeatedly asked whether they were giving her anything that had latex in it – which they adamantly denied. But, what happened to her by being pumped full of latex into her bloodstream 24-7 was that she was rendered a QUADRIPLÉGIC!!!! When I pleaded with the nurses to get someone in who could find out what happened to my daughter who had just come in for an outpatient procedure to fix her broken nose, but was now a quadriplegic, the head nurse rolled her eyes, but then said she would have to wake people up to look at my daughter and did I want that to happen? (It was about 2 or 3 in the morning.) You can imagine what I said in response. Specialists were called in to run various “zebra” tests to try to uncover what had happened to her, but they could not figure it out. Time was ticking. Luckily, after a few days, a nurse came in and noticed that my daughter had a latex IV in her arm, and was being given medication stored in vials with latex stoppers, and was being given that medication with a syringe with a latex stopper. Had that nurse not discovered what was making my daughter a quadriplegic, then the next steps for her body were for her organs to start to shut down, and her heart to stop. My daughter would have DIED! Why? Because she had a latex IV, medicine delivered through a syringe with a latex stopper, and medicine drawn from vials with latex lids, *and* she was given morphine, which is like pouring gasoline on a fire. Morphine intensified her allergic reaction. Once we knew that’s what it was, everything was removed, and my 22 year old dancer daughter, formerly a “normal” young woman went home *with a walker*. Luckily, over time, she regained her bodily functions, but she has had lingering problems ever since.

Here is an interesting thing that was said by one of the physicians when they found out that it was *latex* that was causing her physical decline in the hospital. They said that they bet there were “unexplained deaths” in hospitals that were due to latex, because that is what would have happened to our daughter had we not discovered the latex going into her bloodstream. The doctor said that people would have “heart attacks” without a history of heart problems, and other things like that. In other words, the doctor was suggesting that latex may very well be a hidden killer of patients who die by mysterious causes.

Because the medical profession is not latex-safe, my daughter’s life has been changed *forever*, and so has ours. Latex allergies are *progressive*. This means that they only get *worse*, never better. Her next reaction came after shaking the hand of a woman who had been blowing up latex balloons previously. That encounter nearly killed her, and put her in the hospital for several days. The next encounter was walking unexpectedly under a latex balloon in a food market. That encounter put her in the hospital for a week.

My daughter's life is changed forever. Her life was a normal life prior to what it became after having been injected with latex 24-7. So now she really does have what many others have, and that is a severe latex allergy. But what does that mean on a daily basis? That means that she cannot go anywhere that latex balloons are or have been within the previous 24 hours. She cannot buy *any food* unless calling the food company to find out whether the food is handled with latex in any way during it's production, and especially in terms of it's packaging. She cannot eat at a restaurant without calling first to find out if it's latex safe. She has had to *throw away* most of her clothing, especially underwear and socks and anything with elastics because now they threaten her life. She has to buy a new wardrobe. She found that NIKE's products are safe, and so she can buy socks from them, and their shoes. She has found that Marks and Spencer in England produce latex-safe clothing, and now buys most of her clothing from them. She has had to throw out most of her clothing – including the work-appropriate wardrobe that we (her parents) purchased for her after her college graduation. Her boyfriend is also doing the same thing – anything with latex is thrown out – kitchen items, mouse pads, anything. Her workplace has had to become latex safe in terms of any “rubber bands”, no balloon use (even at events – and this is a university we are talking about), padding on chairs, and so forth. At home, we have to throw away everything that is not latex safe because we do not want her coming home and having a reaction. We also still take her on vacations with us, which now means making sure that hotels are latex safe, or renting homes where we can control the environment a little more, or bringing a bed and bedding for her with us. We don't know if local establishments are latex safe – even when we ask, we can't be sure that what they are telling us is true. We like to vacation on a local island. However, our daughter might eat a burger prepared with latex gloves and have a reaction, and the only way to get her to a hospital is to helivac her off of the island! And, locally here, there is *one latex safe hospital* – Long Beach Memorial. She lives nearly an hour away from there. She cannot call an ambulance, or have first responders take care of her, because she cannot be sure they are latex safe. We told her to go in a cab if ever she has an emergent situation and cannot drive, and cannot call 9-1-1 for fear that they could kill her by trying to save her life with latex products (gloves, stethoscope, tracheotomy, or intubation tube, etc.).

She cannot even go to a public event without exploring the *possibility* of harmful latex substances being used there. For example, she had purchased tickets to go to a *Katy Perry* concert. She was crazy about Katy Perry. She was ready for the concert by purchasing Katy Perry jewelry, and getting a costume ready for the show. Then, while following Katy Perry online, she found out that there were *surprise balloon drops!!!!* at some of the shows. She had to find out whether that “*surprise*” was planned for the one show *she* was going to attend. Even though starting her checking a month in advance, she was only notified on the Friday before the Tuesday of the show that, yes indeed, a *balloon drop was scheduled*. She and I pleaded with the coordinator of the show at the site to just do that balloon drop at a different show – not that one, or give my daughter tickets to a local show where

there would be no balloon drop – but no dice. Katy Perry people said *NO*. My daughter's money was refunded, and she was crushed. She had been looking forward to this concert for months!! I begged the site coordinator to beg the Katy Perry people to at least send my daughter a signed poster. But, again, the cooperation was not there from Katy Perry's people. I persisted in asking for the signed poster, but it just never happened. I asked how to get in touch with the Katy Perry people, that if they knew that balloons could kill people that they might not do *surprise* drops any more. What if my daughter had not checked beforehand? She could have died there. I did mention that having a fan die at the concert because of surprise balloon drops is probably not good for business – but none of my pleas made a difference. Anyway, the point here is that businesses, performers, and so on, can inadvertently kill their customers and fans by encasing themselves in latex materials and/or filling a space with balloons that they may think are innocuous (as I once did).

It is very expensive to live a life that is latex safe, and worse yet, it is isolating. There is fear associated with leaving one's home.

I have to worry everyday that my daughter may die because of latex exposure by seemingly innocuous things like a cleaner at her workplace using latex gloves, or someone at a restaurant using latex gloves (even if only on the person before her, taking them off to presumably accommodate her), of her walking by a child with a latex balloon, or her being shot at with a latex rubber band by some child "for fun".

We recently helped her find and purchase a dog that will become her service animal to smell the latex that we cannot smell, hopefully in advance of my daughter being exposed to it. The dog's job will be to hopefully keep her out of harms way, as much as possible. Bills like yours encourage us to think that someday there may be places in the United States where people like us can go without fear that common, everyday experiences might kill our daughter. We applaud everyone who has supported this bill so far, and we urge you and implore you to pass the bill.

Thank you for taking the time to read this testimony.

Barbara LeMaster, Ph.D.

Mother of an adult daughter who just became a *severe latex sufferer* because of a hospital's mis-use of latex with a patient known to be allergic to latex.

Dear Established Members of the Finance Committee,

I am writing this letter in SUPPORT of SB911 relating to latex allergies. I would like to be very clear; I SUPPORT this bill, but I do NOT fully support the amendments to this bill. My name is Jillian LeMaster-Dwyer, I am 24 years old, I am allergic to latex, and my worst fear is being knocked unconscious in a car accident.

I am not afraid of the car accident itself; I am afraid that if I am unconscious, then I will not be able to tell the paramedics to *get away from me*. A few months ago, my fear almost became reality - I was in a bad car accident on the freeway. (However, I was thankfully conscious throughout the entire ordeal.) The first thing I remember doing after the collision was calling 911 and screaming at the operator to "tell the emergency responders about my allergy - tell them not to come with latex gloves on!" The operator did NOT listen. Thankfully, the firefighters who pulled me out of the car were wearing nitrile gloves. I told one of the firefighters that I was allergic to latex and that I was worried that if any other responders came with latex gloves on, that I could have an airborne reaction. He laughed and said, "nobody wears latex gloves anymore - everyone is allergic to them!" Right as he said that, the paramedics pulled up. They jumped out of their rig and began slapping on their latex gloves. The firefighter then pulled me down the freeway - away from the paramedics and towards the oncoming traffic. I was unable to receive any medical care that night because of the paramedic's use of latex gloves. Not only that, but my life was put in danger because of their glove usage. Due to the actions of that firefighter and his knowledge about this allergy, I did not have a life-threatening reaction that night. However, the fear is still there - this could happen again and maybe next time I won't be so lucky.

I am not alone in this in this fear. Latex allergies have been called a 'silent epidemic' and researchers believe that around 6% of the general population is now allergic to latex [14]. Comparatively, less than 1% of the population was allergic to latex back in the 1990's [10]. Latex gloves began being used around 1987 because of the AIDS

crisis. They were initially used for their barrier protection qualities; however, nobody realized that there could be a negative consequence lurking around the corner.

As you continue to read my letter, please keep this in mind:

this allergy is 100% preventable, but 0% curable.

People who have repeated exposure to Natural Rubber Latex (NRL), generally through their occupation, are at an increased risk for developing a latex allergy. Certain groups are at a "higher risk of developing an NRL allergy [including] children with Spina Bifida, health care workers and individuals with a history of multiple surgeries. In addition, high risks [have also been] described for non-health-care workers with exposure to latex, including hairdressers, cleaners and food service workers, as well as workers in rubber industrial companies or subjects with food allergy and atopy" [12].

An allergic reaction to latex can have a wide range of symptoms: a rash, anaphylaxis, anaphylactic shock, and even death. This allergy can be devastating; those who are severely allergic can become housebound in an attempt to keep themselves safe. The more exposure that you have to latex, the more likely you are to become allergic.

One of the worst attributes of latex gloves is their ability to transfer allergenic proteins. Latex proteins can transfer from a glove onto any surface that the glove touches. These proteins can remain for at least 24 hours. This means that any medical facility or food service facility that uses latex gloves, puts a latex-allergic individual at risk for an allergic reaction [5]. This is one of the reasons why some states have begun to ban the use of latex gloves in food service (in 2003 the FDA even admitted that there was a potential threat to latex allergic people if they ate food that had been prepared with latex gloves).

So, not only are the people who wear latex gloves at an increased risk for developing a latex allergy, but these individuals may be unknowingly exposing unwitting

participants to latex allergen proteins. (Remember, the more exposure, the more likely you are to develop this allergy.) Some of these unwitting participants may already be allergic to latex. As an example, in food service, if a burger is prepared with latex gloves and served to me, I cannot smell the latex, I cannot taste the latex, but I will have a reaction to the latex. The transferred particles from the latex gloves took what would have been a completely harmless meal and turned it in to something potentially poisonous for me.

This extends to the medical community as well. Many doctors believe that using latex-free gloves only for patients with a latex allergy will completely eliminate latex exposure for that allergic individual. This is not the case because of the protein transference. Latex particles can be airborne and there is always the concern of cross-contamination or transference. Also, a recent study concluded that “only 1% of healthcare workers were able to correctly match the appropriate gloves to the specifically designed [latex-allergy-related] procedure.” This study also found that only 47% of medical professionals could identify an *immediate* allergic reaction to latex and that only 10% of medical professionals could identify contact dermatitis due to a latex reaction [2]. This clearly shows that there should not be a choice – these statistics are astounding and too shocking to be ignored.

This is why many hospitals strive to be a latex-safe facility (like Long Beach Memorial in California and their sister hospital and Maui Memorial in Hawaii). Even Johns Hopkins University, the birthplace of latex gloves, has banned their usage [14].

I would like to specifically address the issue of cross-contamination as some believe that a latex-allergic patient can be treated with latex-free gloves, but that latex gloves can be used around that latex allergic patient or in the same facility as that latex allergic patient (please remember that only 1% of medical professionals can make the correct latex-allergy-related glove choice). This is simply not a safe practice. It has been well documented that “latex proteins are transferred to almost any surface that is contacted by natural rubber latex gloves” [3]. This means that any medical device that

latex gloves touch could now be contaminated and could cause an allergic reaction. This issue is clearly resolved when only non-latex gloves are used. Also, there are two reasons for this bill: 1) **to make sure that people with a latex allergy are able to receive safe medical treatment and food service and 2) to STOP the progression and further development of this allergy throughout our society.** The more exposure someone has to latex, the more likely it is that they will develop a latex allergy. The medical community has one of the highest percentages of latex-allergic individuals (and it is certainly higher than the percentage of the general population). Also, the use of latex gloves on the general populace (including those who are not yet allergic to latex) can increase the likelihood of them developing a latex allergy. Once a patient or medical professional develops a latex allergy, there is no going back.

Please remember: this allergy is **100% preventable, but 0% curable.**

I want to clear up one more issue: Some people say, “if we ban latex, then we will need to ban peanuts and penicillin.” Well, no, that is not necessarily the case. Peanuts, in general, do not serve as a complication for patients in a medical setting. Peanuts are not made into gloves and used to touch EVERY medical device, doorknob, and bed sheet in a hospital or other medical facility. Paramedics are not running at patients with a peanut butter and jelly sandwich in hand. If this were the case, then I would agree – we should, at that point, ban the use of peanuts in a medical setting. Let me put it this way, do you think, hypothetically of course, that it would be a good idea to make a medical glove using peanut oil? Current records indicate that only 4% of the general population is allergic to peanuts, so how much harm could that possibly do? Well, it would do a lot of harm. (That is precisely why many K-12 schools are banning peanut products.)

[I should also mention that there are numerous practices in place and resources available for restaurants to ensure that peanut-allergic individuals are able to eat out safely. This will never be possible for a latex allergic person as long as the facility is

using latex gloves – for all of the reasons mentioned in this testimony.]

Now, let's discuss penicillin...my best friend is allergic to penicillin. Is she deathly afraid of going into a hospital or of getting into a car accident? No. Why? Because, all she has to do is wear a medical alert bracelet that states that she is allergic to penicillin. It doesn't harm her to be in a rig or a doctor's office where penicillin is being used as long as it is not being used on her. This is vastly different than the issues that we face with latex. For instance, what good does my medical alert bracelet do if it is being checked by someone who is already wearing latex gloves?

For your reference, here are some current statistics for people with latex allergies:

- Up to 6% of the general population is allergic to latex [14]
- 67% of patients with Spina Bifida are allergic to latex [9]
- 17 - 30% of health care workers are allergic to latex [11] & [6]
- 17.1% of food service workers are allergic to latex [15]
- 33.8% of dental care workers are allergic to latex [7]
- 11% of elderly population are allergic to latex [8]
- 10% of rubber industry workers are allergic to latex [13]
- 12.5% of anesthesiologists showed latex sensitization. (Of these, 10.1% were asymptomatic, but allergic. The study concludes that, "Hospital employees may be sensitized to latex even in the absence of perceived latex allergy symptoms.") [4]
- 10 deaths each year are reported as being due to severe allergic reactions to latex [1]

To put the general population (6%) statistic into real numbers, we are talking about nearly 19 million people in the USA and 85,200 people in Hawaii having a latex allergy.

Please remember, this allergy is **100% preventable, but 0% curable.** It may already be

too late to prevent the 85,200 Hawaiians who may be allergic to latex. Please help us assist those who already have this allergy and stop this epidemic from getting worse.

Rhode Island, Arizona, Oregon, and Connecticut already have laws or regulations to ban the use latex gloves in food service. Latex allergy legislation has also been put forth in New Hampshire (for food service only) and Massachusetts (for food service only). My hope is that Hawaii can lead the way in latex allergy legislation and protect its' people and visitors from this true pathogen.

On behalf of individuals with a latex allergy, their families, friends, employers, and those who will develop the allergy if we do not act now, I kindly ask for your support in these efforts and your support for this bill.

Warmest regards,

Jillian LeMaster-Dwyer

American Latex Allergy Association, Member
Latex Allergy Advocacy, Board Member and Co-Founder

"We are working to create awareness and educate the public about the latex allergy. Our primary goal is to educate and advocate for changes that will prevent others from developing this life-altering allergy."

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Hawaii House of Representatives
Committee on Finance
Rep. Sylvia Luke, Chair
Rep. Scott Y. Nishimoto, Vice Chair

Testimony of Anna M. Salanti on SB 911, SD2, HD2
March 29, 2016

Thank you Chairman Luke and Vice Chair Nishimoto for allowing me to submit testimony on S.B. NO. 911, S.D. 2, H.D. 2, (HSCR4-16).

The proposed legislation in its current form is a significant change from last year's, SB NO 911, SD 2, HD 1, that had hearings in both houses and passed without virtually any opposition let alone negative votes. In the House of Representatives not only did the first version pass first, second, and third readings but also passed CPN, HTH, and WAM committees. On the Senate side it passed first and second readings and the HLT committee.

There are two improvements in the current legislation: the July 2016 implementation date and the \$250 fine. Unfortunately, amendment 321 raises several concerns. From a medical perspective, the changes in all but the food service section not only will put patients and health care workers at greater risk, they contradict current standards of medical care and medical knowledge of latex residue on surfaces and airborne latex particles as well. Latex gloves are different than any others in that they leave a toxic fingerprint that remains for hours.

There are significant ethical, moral and legal implications to allowing latex glove use to treat latex allergic individuals in a medical setting. Switching between latex and non-latex gloves will not help latex allergic individuals; it will put them at risk. When a dental or health care facility chooses to use latex gloves it is in effect denying safe health care to me and 19,000,000 million others. This violates not only the Hippocratic Oath but also a guiding principle of medicine: "first, do no harm."

In SB 911 S.D.2, H.D.2, the language acknowledges that there is a significant risk of a severe allergic reaction to latex that justifies limiting its use. The purpose of the bill is to protect the public by prohibiting the use of latex gloves by personnel working in food establishments and with limited exceptions by personnel working in dental health facilities, health care facilities, or those in ambulance services. The exception to prohibit latex gloves for patient care where the patient is unconscious/unable to communicate or only when a conscious patient can affirmatively state that he/she is allergic to latex is unwise for the following reasons:

- The same latex allergens in food service will cause a reaction in any medical setting that uses latex gloves. The allergens are transferred to surfaces and food and are also airborne. Exposure to latex causes latex allergy regardless of setting.
- When a latex allergic patient states their allergy in a latex contaminated environment you are further sensitizing that patient and putting their life at risk. If you give a penicillin-allergic patient penicillin, it is malpractice. If you expose a latex-allergic patient to latex, it is malpractice as evidenced by the \$4.7 million award for wrongful death suit against Baylor Hospital (McGraw, 2012).
- For an unconscious allergic patient to be treated in a latex contaminated environment is very dangerous. You may be causing an anaphylactic reaction and unaware until you are in a full blown respiratory and cardiac arrest situation that would have been totally preventable.
- To simply ask a conscious patient if they are allergic to latex is not sufficient. People often do not know they have latex allergy. In the \$4.7 million lawsuit (McGraw, 2012), the patient only had chestnut allergy. At minimum you must obtain a full medical history to assess for risks of latex allergy: ask about food reactions, other allergies (as all atopic people are at risk), exposure to latex, etc. Doesn't it make much more sense to simply eliminate latex gloves?
- By having dental and health care workers use latex gloves you are sensitizing more individuals who would not be as likely to acquire

the life time sentence of living with a latex allergy.

Latex allergy is a serious problem for many individuals, at 6% of the population (Binkley, Schroyer, and Catalfano, 2003) as a conservative figure, that places US at 19,411,440 million people (United States Census Bureau, 2016), not 3,000,000 million referenced in the proposed legislation. According to Grzybowski, 2002, up to 8.2%, or 26,528,968, of the general population is affected. I am one those affected.

I have struggled with the difficulties of living with a latex allergy since 1974 when I first developed contact dermatitis, type IV (delayed) hypersensitivity, from wearing latex gloves while working in a research burn center. By 1993, the allergy progressed to type I (immediate) hypersensitivity, anaphylactic response. When I come into contact with even a very small amount of latex protein, within 20 minutes I will develop facial swelling, itchy, watery eyes, throat swelling, wheezing and difficulty breathing that requires the self-administration of epinephrine and follow-up emergency care.

Warnings about the dangers of latex in the workplace have been available to us for **NINETEEN** years: on July 23, 1997 (NIOSH, 1970) was when the United States Health Department through the Centers of Disease Control and the NIOSH Alert on work related latex allergy was published. The publication states that latex allergy results from repeated exposures to natural rubber latex proteins from inhalation and/or skin contact.

By the mid 1980's, latex was recognized as a major occupational hazard for health care workers and patients (Holter, G., et. al, 2002). This was **THIRTY** years ago. **TWENTY** years ago in 1996 The American College of Allergy, Asthma, and Immunology recommended the complete avoidance of latex materials in medical institutions (Sussman & Gold, 1996).

During the past 10-15 years, the incidence of latex allergies has risen dramatically (Neugut, Ghatak, and Miller, 2001). This continued

sensitization to latex has resulted in the following well documented statistics. The percentages in these subgroups can be as high as:

- 67% in patients with spina bifida (Kurup, Reijula, & Fink, 1994)
- 17% of health care workers (Phillips, Goodrich, & Sullivan, 1999)
- 33.8% of dental care workers (Gholizadeh, 2011)
- 10% of food service workers (Ameratung, et. al, 2008)
- 8.2% of the general population (26 million US citizens) (Grzybowski, 2002, US Census Bureau)
- 6.5% of patients who have undergone multiple surgeries (Sussman & Gold, 1996)
- 11% of elderly population (Grieco, et. al, 2014)
- 10% of rubber industry workers (Pien, 2010)
- 10 deaths each year are due to severe reactions to latex allergy (Asthma, 2001)

How many more people have become sensitized to latex in the past 19 years since the United States Department of Health issued its latex warnings? Too many individuals are now suffering a lifetime sentence of latex allergy that is due to the lack of oversight by the very agencies that are in place to protect human life by not banning latex gloves in health care settings and food service. It has been reported that the statistic for health care workers has increased to 25% (The Academy of General Dentistry, 2009). This is an 8% increase in the span of ten years from the 17% reported by Phillips, Goodrich, & Sullivan in 1999. The time has come for us to be responsible and ban latex gloves in these settings.

Latex allergy is an incurable, progressive disease. With each exposure to natural rubber latex the sensitivity and progression of the disease worsens. Starting as a localized rash, it develops into sensitivity so severe that a particle small enough to attach to a speck of dust can cause a life threatening anaphylaxis if inhaled from airborne latex during a health care exam, surgical procedure, or ingested in

contaminated food. One study concludes that as little as **a billionth of a gram** (1ng/ml) can be enough to cause a reaction (Society of Chemical Industry, 2006). **Latex allergy is a preventable 100% of the time with a 0% cure rate all of the time.**

When you acquire the allergy it is for a lifetime and changes how you live your life. Some examples of latex exposures and how it has affected my life include:

- My first anaphylactic reaction occurred as a consequence of eating food that had been handled with latex gloves at a restaurant. After self-injecting epinephrine, 911 was called for transport to the emergency room of the local hospital. However, when the ambulance arrived, the attendants determined that it would not be safe for me to ride in the ambulance due to latex use. Consequently, I took a cab to the emergency room.
- My allergy impacts my ability to obtain health care services. I obtain only the absolutely minimum necessary care and limit medical procedures and appointments.
- I have had to travel a long distance to receive latex-safe dental care. If oral surgery was required, I had to seek out a surgeon who does not use latex products or gloves in his/her office.
- Both my allergist and my primary care physician have met me in their respective parking lots for medical appointments. Although they do not use latex gloves, other practitioners in their medical buildings do. The latex particles are distributed via the heating/ventilation system resulting in a latex allergic reaction for me.
- I experienced six exposures to airborne latex in my workplace, after each of which I experienced an anaphylactic reaction. With each exposure my sensitivity increased, and I was forced to resign from a nursing career that I loved.

Latex allergy is a serious health hazard and has been very well

documented in the health care industry. In the literature, there are well-documented cases of food service handlers becoming sensitized to latex gloves as well as latex allergic consumers having life threatening reactions from eating foods contaminated with latex proteins by food handlers using latex gloves. Low protein, non-powdered latex gloves are not a solution but a contributing factor to increased latex sensitization.

The proposal to ban the use of latex gloves in food establishments is correct. However, amendment S321 is not in alignment with current standards of care. To knowingly expose a patient to a known allergen is contradictory to the current body of scientific evidence and standards of care.

Even the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO) contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases, identifies the toxic effects of latex.

Latex proteins transfer to surfaces through direct contact or through the air and will stay present for up to 24 hours (Holter, G., et al, 2000). Consequently, if I am conscious and able to communicate that I have a life threatening latex allergy, that will not help me if all that is available is a latex contaminated environment—even if nonlatex gloves are available,. I will have anaphylactic reaction. Whatever my physical problem it will be compounded by the health care environment: on surfaces, people's clothes, and in the air. I have experienced this first hand in a dental office, a doctor's office, in a hospital environment, and with an ambulance transfer. This is the key reason that this current version of the proposed legislation is so much inferior to its predecessor.

The cost of latex allergy is high as the numbers of affected are increasing. Costs of immediate emergency care, long-term chronic care,

medical visits, medication, loss of earnings, employee absenteeism, loss of well trained and valuable employees, worker's compensation payments, Social Security Disability payments, liability suits, and legal fees are but a few examples. Additionally, businesses would save money by using cost-effective and viable alternatives to latex gloves.

Due to the changes in pricing of latex gloves and their alternatives, hospitals, medical and dental offices, and food service establishments would obtain a cost savings by switching to non-latex alternatives. Today the cost of latex gloves is greater than vinyl and nitrile gloves (See attached comparison sheet for retail pricing for a box of 100 powder-free gloves for each type of glove). Wholesale pricing available to medical establishments would be even cost effective.

It has been at least 30 years that latex has been recognized as a major occupational health hazard for health care workers and patients. Throughout the United States and Europe numerous hospitals, dental, and health care facilities have banned not just latex gloves but all latex materials. Why are we still discussing this issue? It is incomprehensible that health care providers use materials that are well known to cause an incurable disease when there are alternatives available.

It is a shame that so many health care professionals, agencies responsible for public health and protection, and owners of facilities who deal daily with the public have not played a leadership role on this issue. But this is one of the many advantages in our form of government where states can play a key leadership role. In the case of latex glove use, I urge you to do the right thing and not only prohibit the use of latex gloves in food service but also in dental offices, health care facilities, and emergency medical services as well.





Respectfully submitted,

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Cost comparisons of Latex and Nitrile Medical Grade Gloves



<http://www.glovenation.com/latex-gloves/index.htm>




Latex Gloves	Vinyl Gloves	Nitrile Gloves	Cost Comparison
 <p>Latex Exam Gloves, LP Ultra-flex Latex Glove Lightly Powdered, 5.0 mils Item #100 \$5.29/box</p>	 <p>Vinyl Exam, LP Vinyl Medical Exam Lightly Powdered, 4.5 mils Item #400 \$3.69/box</p>		<p>Nitrile is \$1.69 less per box</p>
 <p>Latex Exam Gloves, PF Ultra-flex Latex Glove Powder Free, 5.0 mils Item #300 \$5.99/box</p>	 <p>Stretch Exam, PF Chameleon Stretch Exam Powder Free, 5.1 mils Item #1200 \$4.19/box</p>		<p>Nitrile is \$1.80 less per box</p>

 <p>High Risk Exam Gloves High Risk Latex Glove Powder Free, 13.0 mils Item #800 \$9.99/box</p>		 <p>High Risk Exam Gloves, PF Protector XR Nitrile Glove Powder Free, 8.0 mils Item #900 \$7.99/box</p>	<p>Nitrile is \$2.00 less per box</p> <p>CDC recommends that nitrile not latex be glove of choice to treat Ebola.</p>
 <p>Black Latex Exam Gloves NINJA Black Latex Glove Powder Free, 5.0 mils Item #200 \$7.99</p>		 <p>Nitrile Exam Gloves, PF Black Widow Nitrile Glove Powder Free, 5.0 mils Item #1400 \$6.99</p>	<p>Nitrile is \$1.00 less per box less expensive</p>

Cost comparisons of Food Service Gloves

<http://www.glovenation.com/food-service-gloves/index.htm>

Type of Glove	Visual	Properties	Cost per Glove Type
Latex Food Prep Gloves		<ul style="list-style-type: none"> • 100 Gloves per Box, 10 Boxes per Case • Thickness: 4.5 mils • Low Protein • 100% Powder Free • USDA approved for food handling • Item #699 	\$5.69 per Box
Nitrile Food Prep Gloves		<ul style="list-style-type: none"> • 100 Gloves per Box, 10 Boxes per Case • Thickness: 4.5 mils • 100% Powder Free • 100% Latex Free • Textured for confident gripping • Chemical Resistant • Item #2099 	\$5.49 per Box

Vinyl Food Prep Gloves		<ul style="list-style-type: none"> • 100 Gloves per Box, 10 Boxes per Case • Thickness: 4.5 mils • Advanced polyvinyl chloride formulation • 100% Powder Free • 100% Latex Free • Item #899 	\$3.69 per Box
Synthetic Food Prep gloves		<ul style="list-style-type: none"> • 100 Gloves per Box, 10 Boxes per Case • Thickness: 4.5 mils • Looks and feels just like latex • 100% Powder Free • 100% Latex Free • Item #3199 	\$3.89 per Box
Poly Food Service Gloves		<ul style="list-style-type: none"> • 500 Gloves per Box, 4 Boxes per Case • Thickness: 0.2 mils • Powder Free • 100% Latex Free 	\$0.76 per 100 gloves

		<ul style="list-style-type: none">• Item #1499	
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March 29, 2016

To: The Honorable Members of the House of Representatives and Senators for the State of Hawaii.

Testimony in favor of SB911 SD2 HD2

Relating to Latex use in establishments serving food.

In 1989, I was settling in to watch a favorite TV program, and I started to itch, more and more. I began to feel a funny feeling in my throat and face. I looked in the mirror, and saw my face was swollen twice its size, and my eyes were starting to swell closed. I was rushed to the ER, and was treated for a severe, life-threatening allergic reaction called anaphylaxis. ([similar story @ http://news.sky.com/story/1525412/laughing-gas-teen-dies-after-house-party](http://news.sky.com/story/1525412/laughing-gas-teen-dies-after-house-party)) ([reaction to a latex balloon](#))

I was at the hospital for 8 hours and upon discharge, I was given a prescription for many doses of prednisone, and a recommendation to have allergy testing done. After more trips to the ER for 4 more anaphylactic reactions, and 6 years later, my allergist tested me, and found I was allergic to natural rubber latex (NRL). The allergist explained to me that the gloves I wore at work, in the Medical Laboratory, were made from natural rubber latex (NRL), and powder; I was extremely allergic to them.

Latex allergy is 0% curable and 100% preventable!!

My name is Alice Boyd, and I live in Western Massachusetts; I have been allergic to latex since 1989. My profession was that of a Medical Laboratory Scientist. I had managed a Blood Bank/Transfusion Service. I was also the Chairperson of my Hospital's Latex Allergy Task force. I am the mom of 4 active kids, and was very active with them and was very involved in my Community, volunteering in our Schools, and serving 2 terms on my Town's Board of Education. I did all of this until I was forced to retire, disabled from my job in 2009, because of the multiple life-threatening allergic reactions to natural rubber latex I was experiencing. I had worked in the Medical Laboratory for 35 years. My allergy to natural rubber latex made me lose a career that I loved, stop being a very active mom, and Community leader. I am now disabled, and essentially house bound because of my severe allergy to latex.

Since 1989 I have lost track of the additional number of anaphylactic reactions that I have had since I was diagnosed, but it must be close to 10.

Natural Rubber Latex (NRL) is everywhere!
But I don't always know where it is!

It is difficult to avoid NRL when you don't know where it is!

When I know where it is, I can effectively avoid it!

Latex allergy is a disability covered under the American with Disabilities Act!
<https://askjan.org/media/LATEX.html>

I feel that I and others with an allergy to Natural Rubber Latex have a right to know where latex products are in use, including when LATEX gloves are worn to prepare and/or process the food than I eat.

Latex particles don't stay put. They can attach themselves to any surface they touch. In food preparation, when latex gloves are used, latex particles attach to the food when it is handled by someone wearing latex gloves. If the latex gloves are also powdered, that latex ridden powder becomes **airborne**, and settles out onto all the surfaces in the Kitchen. The food that hasn't been handled yet, the pots and pans, the counters, and even on the clothes of the people working in that kitchen are now covered in latex ridden powder. If the foods are cooked, some of the latex proteins that cause the allergy are destroyed (denatured), if the temperature is high enough, but not always.

Recently, a study was done by Donald Beezhold PhD. He clearly demonstrated that when latex gloves are worn to prepare food, the latex proteins are definitely transferred to the surface of the food that was handled.

2003-09-26 | [www.fda.gov/ohrms/dockets/ac/03/sli/Latex as a food allergen. New Eng. J. Meddes/3977s1_beezhold.ppt](http://www.fda.gov/ohrms/dockets/ac/03/sli/Latex%20as%20a%20food%20allergen.pdf)

Banning the use of latex gloves food preparation, and schools would eliminate these dangers, prevent reactions and prevent new people becoming allergic to latex.

Sadly, the awareness that latex can be a dangerous life-threatening allergen is severely lacking. More Awareness about Latex Allergy is desperately needed.

In this case, ignorance is not bliss – as studies done on random blood donors have shown that anywhere from 6-17% of them tested positive for the antibody to latex. They are allergic to latex, but are unaware that they have this life-threatening allergy

I encourage you to pass this legislation.

Sincerely,

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Additional information about latex allergy can be found at The American Latex Allergy Association web site –
latexallergyresources.org/.
(<http://latexallergyresources.org/ask-the-expert/are-latex-proteins-natural-rubber-latex-gloves-transferred-food>)

In 1997, NIOSH, Dept of Labor recommended that workers be provided with non-latex gloves to use when there is little potential contact with infectious materials, such as in the food industry, as food products may become adulterated when they come into direct contact with latex gloves because of the residue the gloves leave behind.
<https://www.osha.gov/SLTC/latexallergy/>

Many in the restaurant Industry support legislation to ban the use of natural rubber latex in restaurants.
<http://www.foodhandler.com/latex-allergy/>
<http://www.latexallergyinfo.com/latexfreerestaurants.htm>

4 States have realized how dangerous the use of latex gloves can be, and have **passed legislation banning the use of latex gloves** in food preparation – Connecticut, Oregon, Arizona, and Rhode Island.

Rhode Island: http://www.ccri.edu/safety/latex_final_rules_and_regs_ridoh.html

Oregon: <http://latexallergyresources.org/articles/oregon-soon-ban-latex-glove-use>

Connecticut: <http://cthousegop.com/2015/07/aman-bill-to-ban-latex-in-restaurants-signed-by-governor/>

Arizona: http://www.fda.gov/ohrms/dockets/ac/03/slides/3977s2_Herrington.ppt

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LATE

January 29, 2016

Committee on Judiciary
Rep. Karl Rhoads, Chair
Rep. Joy A. San Buenaventura, Vice Chair

Subject: Support for SB 911 Related to Latex with concerns for the proposed SB911 HD2

Dear Committee on Judiciary:

Around 15 years ago, I was very sick with a virus that I stayed at home from work. By the time my family came home I was unresponsive. My husband at the time, called the ambulance and, luckily remembered to mention to the paramedics that I was allergic to latex. It made it very difficult for the paramedics, but they manage to transport me to the hospital "just in time" (as my doctor explained) to obtain treatment.

Looking back, I was very lucky that the paramedics were informed of my latex allergy and the timing was right that I am alive today.

I could not understand why my hands would itch to the point of bleeding when I wore latex gloves while cleaning the bath tub. I would use hot water to make sure that the tub was clean for my family. I was not aware that latex reacts to hot water.

Also, when I went to the dentist I would return home with welts on my face and wheezing.

I never knew it was the effects of being exposed of the latex gloves.

Then I had a pelvic exam and went down the elevator to get some lab work started and I could not breathe. I immediately returned to the doctor's office and she saw that my face was flushed with difficulty breathing. She asked what happened and I told her I suspected it was the latex (I wasn't sure since I haven't heard of anyone else having latex allergy). After administering a shot and making sure I was ok, she said that she just read an article that mentions that people are reporting of a reaction to latex; specifically condoms.

Later, I had an operation but informed the hospital that I have a bad reaction to latex. They made sure that I was the first person scheduled after the room was CLEAR of latex since they were aware that latex is also airborne. When I woke up in the recovery room, I found an inhaler next to me and wondered why I needed an inhaler since my operation was in my stomach area.

The Anesthesiologist came in to check up on me and told me I had difficulty breathing during the operation. They said that they were not aware that the tip of the tracheal tube contained a piece made of latex and I could not breathe during my surgery because of the reaction. He said that they will examine all pieces of equipment for latex to prevent this from happening again.

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When I look back at the many times of exposure and close calls, I wonder how many people died of complications if they were not diagnosed of latex allergy.

I also wonder about people who are not aware or who are required to wear latex and are exposed on a daily basis; how their lives would be when or if it is too late to prevent the allergy. The more the exposure, the more severe the reaction.

Even if a bracelet or necklace is worn, how soon will the paramedics know that they just exposed a patient unnecessarily and may not make it to the hospital in time?

Anaphylaxis is a severe life-threatening allergic reaction that can occur within seconds and may block the airways.

Please look at this concern very carefully as it could be one of your loved ones that may be affected.

Thank you for your time.

Respectfully yours,

Faith Umetsu
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HOUSE OF REPRESENTATIVES
THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

LATE

COMMITTEE ON FINANCE
Rep. Sylvia Luke, Chair
Rep. Scott Y. Nishimoto, Vice Chair

Wednesday, March 30, 2016
3:00 pm State Capitol Conference Room 308

Good Afternoon Chair Luke, Vice Chair Nishimoto, and Committee Members. My name is William Jacintho, and I am in SUPPORT WITH SUGGESTED AMMENDMENTS of SB911 SD2 HD2 related to latex, because the bill as written is confusing, and more patient injury will occur, if not corrected.

Here's a situation: If latex gloves are being used by medical and dental staff, the latex residue remain on their clothing and in the air vents. The facility will not be safe for a latex allergy patient unless there are signs on the doors that state Latex gloves are in use, alerting the patient which will allow him/her to choose whether or not to enter.

In addition, it is not safe for any emergency response personnel or its transport vehicles to use latex gloves for the same reasons. All emergency transport vehicles and personnel will have latex residue on their clothing and in their vehicle if they carry latex gloves. Please think about it for a moment, emergency response personnel come out of their vehicle with gloves already on before asking a patient about any of their allergies. This immediately exposes the patient to latex, and for someone allergic to latex, it's just too late to back out of the situation. Now, the emergency being responded to has been compounded by another problem.

I respectfully ask that your committee amend **Section 2 and Section 3** to read:

"§321- Dental health facilities; health care facilities; use of latex gloves. All personnel working in dental health facilities or health care facilities, including all facilities listed in section 321-11(10), shall be prohibited from using latex gloves with limited exception to hospital operating rooms that have a strict latex allergy protocol in place providing a latex safe operating suite that adheres to hospital policies and procedures that set standards for latex safe environments.

section 3

"§321- Emergency medical services; use of latex gloves prohibited. All

personnel providing ambulance services or emergency medical services pursuant
to this part shall be prohibited from using latex gloves

Since this is a Budget Committee, I'd like to address financial opposing concerns, with a very credible Financial Study attached to this first page of my testimony. The Study is a cost analysis on health care worker disability due to latex allergy and asthma, provided by the American Public Health Association. The second attachment is provided by the American Latex Allergy Association, that talks about Cardinal Health, one of the largest medical suppliers in North America, announcing its discontinuation (voluntarily) of powdered surgical gloves, as the FDA continues to respond to Citizens Petitions regarding health conditions, due to powdered surgical gloves.

Please consider this in your decision today: Latex Allergy is Preventable....Latex Allergy has NO CURE. Removing LATEX Gloves from medical, dental, ambulance, emergency response personnel and all food entities will greatly help PREVENT others from being put at risk of developing a latex allergy simply by stopping the exposure to latex gloves.

Thank you for the opportunity to provide Testimony on this life threatening topic.

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Health care worker disability due to latex allergy and asthma: a cost analysis.

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Abstract

OBJECTIVES: The reported prevalence of occupational allergy to natural rubber latex is 8% to 17%, and that of latex-induced occupational asthma is 2.5% to 6%. Conversion of medical facilities to "latex-safe" can reduce employee sensitization, impairment, and disability. The purpose of this study was to determine the cost of a latex-safe approach, compared with that of continued latex glove use, and to identify the level of worker disability required to make the latex-safe approach financially preferable to a health care institution. **METHODS:** The costs of 2 strategies--latex-safe vs the status quo--were calculated from the perspective of 3 health care institutions. A break-even point was calculated for each facility. **RESULTS:** In all facilities, the cost of using nonlatex gloves exceeded the cost of using latex gloves. In all 3 facilities, however, 1% or fewer of those at risk would have to become fully disabled or fewer than 2% would have to become partially disabled for the continued use of latex gloves to exceed the cost of the latex-safe approach. **CONCLUSION:** Health care facilities, regardless of size, are likely to benefit financially from becoming latex-safe even if latex-related disability levels are extremely low.

Full text

Full text is available as a scanned copy of the original print version. Get a printable copy (PDF file) of the [complete article](#) (1.5M), or click on a page image below to browse page by page. Links to PubMed are also available for [Selected References](#).



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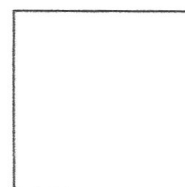
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Selected References

These references are in PubMed. This may not be the complete list of references from this article.



Powdered Surgical Gloves, Gone with the Wind?

March 21, 2016

Powdered Surgical Gloves

Gone with the Wind?

March 21, 2016

Cardinal Health recently announced its discontinuation of powdered surgical gloves by mid-2016. In addition, it is rumored that another large US surgical glove supplier has made a similar announcement, and confirmation of that announcement is being sought.

(Note: Mölnlycke Health Care has always supplied ONLY powder-free Biogel® Surgical Gloves in the US)

Those announcements come as the FDA continues to move a proposed powdered surgical ban document through the regulatory system in response to Citizens Petitions. The FDA routed the proposed powder ban document through government agencies and received approval of the surgical glove powder ban.

The next step for the FDA is to post the proposed document for public comment. The FDA has posted the wording for the proposed glove powder ban online at <https://www.federalregister.gov/articles/2016/03/22/2016-06360/banned-devices-powdered-surgeons-gloves-powdered-patient-examination-gloves-and-absorbable-powder> (<https://www.federalregister.gov/articles/2016/03/22/2016-06360/banned-devices-powdered-surgeons-gloves-powdered-patient-examination-gloves-and-absorbable-powder>).

Then, when the public comment period expires in 90 days, the FDA will assess the comments and determine whether the proposed document should be approved for insertion into the CFR as written, edited or rejected.

If accepted or edited, the ban will become official and glove powder cannot be used on medical gloves in the US. If rejected, we are back to square one.

In the interim, manufacturers' ceasing their manufacture of powdered surgical gloves could possibly eliminate the availability thereof. That could happen before the FDA can act on the Citizens' Petitions to ban surgical glove powder.

One way or another, it appears that surgical glove powder might soon be gone with the wind.

Milt Hinsch

Technical Services and Technology Director

Surgical Products

Mölnlycke Healthcare