

**Assembly Committee on Health  
January 22, 2014**

**Wisconsin Department of Public Instruction  
Testimony on 2013 Assembly Bill 502**

I want to thank Chairman Severson and members of the committee for the opportunity to testify before you today on Assembly Bill 502 (AB 502). My name is Jennifer Kammerud and I am the legislative liaison for the Department of Public Instruction and am here today to testify in opposition to AB 502 due to concerns over student safety.

AB 502 would create a new section of statutes related solely to the use of epinephrine auto-injectors. It would allow schools who adopt a management plan for life-threatening allergies to provide epinephrine auto-injectors to students and administer an auto-injector to a student regardless of whether there is a prescription on file for that student.

The department's two main concerns with the bill revolve around the requirement to call 911 and consistency with current law surrounding training. I want to thank Representative Severson for offering Assembly Amendment 1 to AB 502, which would reinstate the requirement to call 911.

The department remains opposed to the bill, however, due to a lack of minimal training requirements for school staff. This could lead to confusion by school staff regarding procedures to follow and lead to harmful situations as a result. \

Current law requires DPI approved training of school staff who will be administering injected, inhaled, and rectally administered medications, along with medications administered through nasogastric, gastrostomy, and jejunostomy tubes, as these are more invasive types of medication administrations.

The department does not seek to approve training plans under this bill. Rather, the department would like to see the following minimal training elements that are currently required by the state for the aforementioned types of medication administration included as part of any board approved plan under the bill to ensure a consistency of care:

1. Knowing when to give auto-injector- Signs and symptoms of anaphylaxis.
2. Knowing who may receive an epinephrine auto-injector—age, weight, junior vs. adult dosage.
3. How to give an epinephrine auto-injector (with an in-person skill check, demonstration and return demonstration)—including injection site, mechanics of injector, how to dispose of injector.
4. Care of the victim.

The medicine contained in an auto-injector is emergency medication meant to keep a student from an anaphylactic reaction or treat the reaction until further medical attention can be received. When this medicine wears off the life-threatening reaction can return. It is critical that the medication is administered correctly and the right dosage is given as the auto-injector dosage used is based on weight. If the wrong dosage is used emergency attention needs to be received immediately.

The department is asking that AB 502 be amended to include these minimal requirements and make it clear that the state is not lowering the medication administration standard for care in current law.

Thank you for the opportunity to testify and I would be happy to answer any questions at this time.