



JAMES W. EDMING

STATE REPRESENTATIVE • 87TH ASSEMBLY DISTRICT

DATE: May 20, 2015
RE: Testimony on 2015 Assembly Bill 203
TO: The Assembly Committee on Health
FROM: Office of Representative James W. Edming

Thank you for holding a hearing on Assembly Bill 203 and allowing me to testify in favor of this legislation.

Assembly Bill 203 is a bill that permits epinephrine auto-injectors to be stored and administered at public places where someone could come in contact with an allergen. This bill expands upon last session's Wisconsin Act 239, which allows epinephrine auto-injectors to be prescribed to schools. The bill is intended to provide more access to life saving epinephrine auto-injectors when an individual is experiencing anaphylaxis. Similar legislation has already passed in a number of other states, including Florida, Oregon, and Rhode Island.

Allergens could be present at camps, colleges, restaurants, and sports arenas. Under the bill, health care professionals would be permitted to prescribe epinephrine auto-injectors to these places. Employees at these facilities would be required to complete a training program before they could administer the device in an emergency situation. The bill also provides liability protection to the public place, the epinephrine auto-injector administrator, and the health care professional.

In recent years, there has been an increase in anaphylaxis. These allergic reactions can occur rapidly and without warning. It is estimated that 1 in 13 children¹ and 1 in 20 adults² are at risk for anaphylaxis in the United States. Many times, an anaphylactic reaction occurs in the absence of a known allergic trigger, which could result in death.

During this type of medical emergency, it is critical for people to utilize epinephrine auto-injectors. This bill will provide those experiencing anaphylactic shock with additional access to these epinephrine auto-injectors, which could potentially save lives. In a time where allergies are on the rise, it is vital to have greater availability to treatment in response to these life-threatening emergencies.

Thank you for your time and attention and I ask that you support this legislation. I would be happy to answer any questions.

1. <http://pediatrics.aappublications.org/content/128/1/e9.full.pdf+html>
2. [http://www.jacionline.org/article/S0091-6749\(13\)01302-X/pdf](http://www.jacionline.org/article/S0091-6749(13)01302-X/pdf)

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Testimony of Mahlon Mitchell, President Professional Fire Fighters of Wisconsin On Assembly Bill 203 Before the Assembly Committee on Health May 20, 2015

Thank you Mr. Chair and committee members for giving me the opportunity to testify on this bill today. The Professional Fire Fighters of Wisconsin (PFFW) support public access and use of auto-injector epinephrine administration along with emergency medical treatment to treat life-threatening allergic reactions. If used correctly, the only reason to administer epinephrine for a severe allergic reaction is because the person is in a potentially life-threatening condition. According to a 2014 study published in The Journal of Allergy and Clinical Immunology, nearly half (49%) of patients experienced anaphylaxis outside of their homes.

A severe allergic reaction, or anaphylaxis, can lead to respiratory distress, cardiovascular collapse, or death. Emergency epinephrine works to alleviate these symptoms by relaxing the muscles in the airways and tightening the blood vessels. Those affected by anaphylaxis can decompensate quickly and there are no contraindications to the administration of epinephrine in a life-threatening severe allergic reaction. The affected person's only chance may be the rapid administration of epinephrine, on that point we agree. It's what comes next that we are also concerned about.

In being consistent with public access defibrillation and CPR, it is critical to activate the 911 system and to ensure that EMS is dispatched after the administration of epinephrine. Even when everything is done correctly, the person who moments before was in a life-threatening medical emergency and then administered a very strong drug, can suffer such severe side effects as chest pains and heart arrhythmias.

The National Institute of Health states: "Epinephrine injection helps to treat serious allergic reaction but does not take the place of medical treatment. Get emergency medical treatment immediately after you inject epinephrine. Rest quietly while you wait for emergency medical treatment."

One epinephrine auto injector manufacturer states: "The epi auto-injector is for immediate self (or caregiver) administration and does not take the place of emergency medical care. Seek immediate medical treatment after use." Another epi auto-injector company states that after injection "Get emergency medical help right away."

911 should be activated as soon as possible for many other reasons besides the side-effects of the epinephrine or the original medical even to begin with. Research reported in The Journal of Allergy and Clinical Immunology shows that up to 20% of patients need more than one dose of epinephrine to

alleviate symptoms. Additionally, since the civilian administering the epinephrine may have little or no training in the practice of medicine, there could be numerous other medical emergencies that could be causing the patient's symptoms.

The NIH and the largest manufacturers of epi pens recommend immediate notification of 911 as soon as possible with patients having a severe allergic reaction. The PFFW asks that the legislature ensure and require that EMS be called as soon as possible when treating a patient that would, will, or did receive pre-EMS epinephrine. We think a friendly amendment to this bill would accomplish that goal.

I'd be happy to answer any questions Committee members may have.

TESTIMONY OF

Dan Lubowitz
State Government Relations
Mylan Inc.

Thank you for the opportunity to speak with you today. My name is Dan Lubowitz and I represent Mylan Inc. Mylan supports AB 203 and urges the support of this committee.

Mylan is a leading manufacturer of generic and specialty medications that currently provides medicines in more than 140 countries and territories worldwide. A Mylan subsidiary markets and distributes one of several epinephrine auto-injectors available in the United States.

Food allergies, which can sometimes lead to a life-threatening allergic reaction, or anaphylaxis, is a large and growing public health problem.^{1,3} Today, an estimated one out of 13 - approximately 6 million - children in the U.S. has a food allergy.² Approximately 1 out of 20 adults have a food allergy. And, food allergens are only one type of the allergens that can cause anaphylaxis. Insect stings, medicines and latex are also known to cause anaphylaxis in some people.

Unfortunately, over the past several years, there have been several high profile anaphylaxis-related tragedies around the country in schools and outside of schools. Deaths in Illinois (in 2011), Georgia and Virginia (in 2012), California, Texas and New York (in 2013) and Minnesota (in 2014) resulted in significant attention to the issue and much discussion on how to best address it.

- Studies done in school settings show that between 20 and 55 percent of anaphylactic events occurred in individuals who were not previously known to have an allergy.⁴
- Anaphylaxis to food allergies alone results in approximately 90,000 emergency department visits each year in the U.S.⁵
- Anaphylaxis results in approximately 1,500 deaths annually.⁶

Wisconsin law allows schools to stock epinephrine auto-injectors and to permit trained school personnel to administer them in an emergency. Today, 47 states have similar

school access laws. More than 55,000 schools nationwide – including 1,291 in Wisconsin - are stocking epinephrine auto-injectors received through a program offered by Mylan that provides free auto-injectors to schools.

AB 203 will build upon Wisconsin's school access law and expand access to this critical medication to day cares, colleges and universities, summer and day camps, restaurants, theme parks and other places where children and adults could come into contact with potentially life-threatening allergens. This legislation would not require any entity to stock epinephrine auto-injectors, but would simply allow it.

Anaphylaxis can happen in many different places; and, prompt recognition of signs and symptoms of anaphylaxis is crucial. Failure to administer epinephrine early in the course of treatment has been repeatedly implicated in anaphylaxis fatalities.⁷ The more rapidly anaphylaxis develops, the more likely the reaction will be severe and potentially life-threatening. This is why this legislation to allow increased access is so important.

Oregon, Florida and Rhode Island passed legislation similar to AB 203 in 2013 and 2014. In 2015, 9 more states (Arkansas, Colorado, Georgia, Indiana, Iowa, Kentucky, Oklahoma, Utah and West Virginia) have had their Governors sign similar legislation into law and Nevada just passed their legislation over the weekend and sent it to the Governor. At least 20 other states are also considering legislation.

Mylan would like to work with you and other interested parties as you consider this important legislation. I am happy to take any questions you may have.

References

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