TESTIMONY BEFORE THE HOUSE EDUCATION COMMITTEE REGARDING SENATE BILL 2163 MARCH 1, 2005

Chairman Kelsch and members of the committee, I am Kora Dockter, a program administrator in Children's Special Health Services (CSHS). CSHS is a unit located within the Medical Services Division of the Department of Human Services. I appear before you in support of SB 2163.

As part of my nursing responsibilities within CSHS, I coordinate the North Dakota State Asthma Workgroup. Members of this workgroup collaborate to reduce the burden of asthma in North Dakota. I also serve as the Centers for Disease Control and Prevention (CDC) state asthma contact for North Dakota.

Based on data collected from the 2002 Behavior Risk Factor Surveillance System, the asthma rate among children in North Dakota is 9.7%. This translates to over 15,000 children under the age of 18. Asthma is a serious health problem that can lead to restricted activity, hospitalization, and death. It also takes a toll in direct medical expenses and indirect costs such as days missed from school or work. According to the Division of Vital Records, over the last ten years, nine North Dakota children under the age of 18 have died with asthma listed as the underlying cause of death.

Fortunately, many of the problems caused by asthma can be averted if the disease is effectively managed. Effective management includes controlling exposure to asthma triggers, taking appropriate medications, objective disease monitoring, and patient education so individuals can learn self-management skills.

People with asthma may be at higher risk for experiencing a severe allergic reaction known as anaphylaxis. Common causes of anaphylaxis include food, medication, insect stings, and latex. Quick access to epinephrine reduces the risk of life-threatening symptoms or death for students in need of such treatment.

Legislation to allow students to carry and self-administer emergency lifesaving asthma and anaphylaxis medication supports effective management practices. If passed, this legislation would enable students to follow through with their health care provider's treatment recommendations by supporting immediate and consistent access to prescribed medications at all schools in North Dakota.

Over 30 states have passed similar legislation allowing students to carry and self-administer emergency lifesaving asthma medications. Nearly 20 states have expanded that right to carry and self-administer emergency lifesaving anaphylaxis medications.

In closing, I again urge you to support this bill. This concludes my testimony. I would be happy to respond to any questions you may have.