exhibit 4

SENATE PUBLIC HEALTH, WELFARE & SAFETY

EXHIBIT NO. 4

DATE: 3-9-5

BILL NO. HB396

Public Testimony in support ~~of HB396~~

Dear Committee Members:

My name is Becky Fleming-Siebenaler, and I stand before you today as the mother of two children who have asthma one of which also suffers from a severe and life threatening peanut allergy. I am here to ask for your support of HB 396, a bill that protects students' rights to carry and self-administer prescribed lifesaving medication.

When Madison was 13 months old, she experienced her first allergic episode to peanut butter. Innocently, her grandmother allowed her to taste a small piece of bread with peanut butter on it. Within 5 minutes her little neck was completely broken out in hives. I immediately called our doctor and was informed to give her a small dose of benedryl and bring her into the office. Madison was tested for an allergy to peanuts and the results of that test were devastating. Her allergy, at 13 months old, with only one known exposure was a Class 1 allergy. According to our doctor, this was the worst level possible for a child her age. We were instructed that she must **never** come into contact with peanuts or peanut products; to do so, could surely have devastating results. Unfortunately, Madison did have another accidental exposure at 18 months; this time, I had an epi-pen available and had to use it. In spite of this, Madison's mouth and eyes still swelled and her throat began to close. By the time we got her to the hospital—which was about 5 minutes--she was having trouble breathing. She was stabilized at the hospital but I was informed that for the next 4 hours or so, she could relapse and could possibly have another episode. If she had another episode and wasn't treated within a certain period of time, death could result. So, for the next 6 hours, I held my tiny baby, rocked her, cried, and prayed that she would be ok. Thank God, she was. We were informed that future exposure would likely be worse—our doctor told us we would probably have about 5 minutes from the point of contact to full blown anaphylaxis. **5 Minutes! 5 minutes when you knew what you were doing. But what if she was with someone who didn't? Or had to wait for a medically authorized person to administer the epi?** This was a huge concern for us as we thought about day care and school.

Madison experienced her first real Asthma attack when she was 3 years old. Fortunately for her, I too have Asthma and knew what the symptoms were and immediately got her to the ER and authorized the proper medical treatment. Despite the fact that I know what it feels like to have an asthma attack, seeing my child struggle to get a breath was very scary; it's like watching your child die.

From these times, I've worked hard with our day care providers and other care taking adults to educate them on how to properly read labels and how to respond to her medical needs in the event of an asthma or anaphylaxis attack. Imagine my surprise when I contacted our school district to ascertain whether there was a "peanut free policy" to find

out they didn't. They hadn't even thought about the need to address this issue. Additionally, I was initially informed that Madison could not carry her epi pen or her asthma inhaler on her person during school hours. Imagine my angst when I was told that school policy prohibited this; further, imagine my dismay that a school policy would interfere with my child's treatment plan that was prescribed by her doctor. I just couldn't understand it.

I met with the school nurse about 6 months before Madison started Kindergarten. Throughout the summer, I worked with the school nurse and the school administration in an effort to make sure Madison would be afforded an environment where she was safe and her medical needs would be taken care of; See, I couldn't be there, and I needed to know that the adults who were, could take care of my precious child.

My school district has been wonderful but it wasn't always easy. We've worked together to develop a plan in which Madison can have ***access*** to her medications; however, she cannot carry her epi-pen and to use her inhaler, she has to find an adult so she can be watched prior to administering the necessary medicine. Please realize, that all of this takes time. When you can't breathe, every second counts. You experienced the sensation of what it's like by breathing through those straws; imagine being 7, realizing you're in 'trouble' finding an adult who knows what to do, getting your medication and then, and only then, being able to administer it. To a 7 year old, who can't breathe--this is forever.

I've had to insist that Madison not have her lunch meals in the cafeteria, because peanut butter and jelly sandwiches are served regularly and what are children's favorite sandwiches from home? That's right, PBJ's. Madison cannot have contact with peanut products. She cannot have contact with her peers if they've had peanut butter, until such time that they have brushed their teeth and thoroughly washed their hands. Any contact with the product could be disastrous for her.

It breaks my heart to have her separated from her peers like this, but what else is a parent to do? If she were able to carry her epi-pen on her person, perhaps having lunch in the cafeteria would be a more viable option for her. While this plan works for her in elementary school, I often wonder what's going to happen when she goes to Jr. High or High School? Separating her from her peers at that age will likely have huge social implications.

I know many of you question, what happens if a child gets a hold of another child's epi pen and uses it? What happens if a child uses the inhaler? I believe our medical experts can adequately answer this. I ask you, what can happen if children like Madison **don't** get their epi pens or inhalers in time? Are the risks worth it? Not to me....Not to children like Madison.

Breathing is a right, not a privilege. Physicians prescribe lifesaving medications to patients, and with parental support, train students how to use these medications in a life-threatening emergency. Not all schools allow students to carry these prescribed lifesaving medications and tragically, children die of asthma and anaphylactic reactions

during school hours. In many cases, it has taken a student's death and subsequent lawsuit to prompt statewide legislation mandating students' rights to carry and self-administer prescribed life-saving medications.

Bill HB396 will make Montana a safer place for students with asthma and allergies and enable students to focus on learning. Today 24 states have statutes allowing students to carry their inhalers and 12 of those states also allow students to carry auto-injectable epinephrine.

As the decision makers affecting families in Montana, I urge you to support HB396 and join the growing number of states who protect their students by allowing them to carry prescribed lifesaving medication. Students and their families will thank you for helping everyone to "breathe easier".

Thank you for giving me the opportunity to speak to you on behalf of this subject. I am happy to answer any questions the committee may have.