

OC13_Fav_SB477

Uploaded by: Brink, Jeremy

Position: FAV



MD SB477 Public Health Emergency Use Auto-Injectable Epi-Pen Finance Hearing February 28, 2020

TESTIMONY IN SUPPORT ON BEHALF OF OCEAN 13

On behalf of Ocean 13, I am writing in support of the MD SB477 Public Health Emergency Use Auto Injectable Epinephrine Program. As the owner of a restaurant, and having worked in the industry for decades, it is my belief that having an epi-pen onsite is the greatest option in best serving the needs of our patrons. With the growing number of allergies among the general public, and the potential lack of communication between guests and staff members, many lives could be saved by making the epi-pen more readily available for persons experiencing anaphylaxis when emergency services are not immediately available.

In support of this bill, it is essential to provide adequate knowledge and training on the administration of the epi-pen. It is also imperative that the businesses, and their employees, are provided with immunity from civil liability, as noted in the current language. Ocean 13 respectfully requests your support to MD SB477. Thank you for your consideration.

Thank you, kindly.

Jeremy Brink
Co-owner
410-251-4852
jbrink@ocean13ocmd.com

1301 Atlantic Ave
Ocean City, MD 21842
www.ocean13ocmd.com

GalwayBay_Fav_SB477

Uploaded by: Clarke, Anthony

Position: FAV

Senate Bill 477

Finance Committee

Public Health -Emergency Use Auto Injectable Epinephrine program – Revisions

Testimony – Anthony Clarke (443) 822 1606

aclarke@irishrc.com

Good afternoon Madam Chair, members of the Finance committee.

My name is Anthony Clarke I am an owner and operator of a group of restaurants based here in Annapolis and Anne Arundel County

I am here today to speak in support of Bill 477 and support the ability of individual food service establishments to be enabled, if they so choose, to be prescribed, obtain and have on their premises an auto injectable Epinephrine.

I have spoken in support of similar bills here at the senate and the house since 2013. I have quoted similar stories (one from my home country in Ireland that originally spurred me to work on promoting the idea of Epinephrine availability in restaurants here in the US) such as the untimely and unnecessary death of 42 year old Chris Trimper in Ocean City which has instigated this bill before you. It is time that this type of bill was passed, and the availability of epinephrine expanded within our communities.

Our restaurants are well known in the community and we have a solid reputation for looking after our guests and adjusting to market changes particularly when we see a need. Some of those needs that have increased over the last decade are the requirement for transparency for food ingredients, food intolerances accommodations and the education of food borne allergies for restaurant managers and employees. We take these needs seriously and have spent a lot of time adding more relevant information to our menus, educating our staff and managers and working hard at listening so that our customers are confident when discussing their own or their child's allergy so that they can trust us not to kill them.

In 2013 I participated in a Maryland State Task force to determine a new plan for the training of food service employees regarding food allergies the results of which have now been passed into law. We as restaurant operators have a responsibility to take care of our customers and be knowledgeable about what and how we serve food items to the public. Food allergies in America are estimated to be around 8% in Children and somewhere less than 10% in populations as a whole. According to the CDC food allergies among children 0-17 years of age increased from 3.4% to 5.1% between 1997 and 2011. Food allergies are not on the decline if anything they will continue to increase as much as the purchase of food items from an ever expanding delivery source increases.

Although I do not have an allergy myself my daughter became ill with an auto immune disease at the age of 5 and with no answers as to what it was we as parents tried everything including the elimination of gluten so I learned a lot about Celiac disease and other reactions to the more immediately dangerous food allergies. The son of a good friend of mine was diagnosed with a peanut allergy at the age of 3 months. I learned a lot from the parents of this child and how it felt like a war zone to them when they entered a restaurant because they were not in control of what their child might become exposed to, touch or by accident consume.

These parents carried epi pens with them all of the time. As their son grew older, he was able to carry his own and they also know that their school teachers had back up epi pens at hand.

The main argument I have heard against the passing of a bill to allow food service establishments to get and hold epi pens for emergency use is liability – well I believe that this argument is being used as a litigious excuse to not allow people to have the ability to save people like Chris Trimper or give extra comfort to people that might want to trust a restaurant and feel like they know the enemy and even though accidents can happen there are rescue options in place and more widely available. The only thing that can reverse anaphylaxis is a simple epi pen.

I have yet to hear of one story or report of an Epi Pen being used to harm a person the only stories I have heard regarding the death of someone in connection of the need for an Epi Pen is the lake of one and this story I have heard a lot.

At one of our restaurants we have recently been approached and asked to carry Narcan emergency packs and for our staff to be given training in case of an overdose situation – this was offered to us by our local Fire Department. I understand the opioid epidemic and that the availability of Narcan to keep people alive is vital and availability and quickness of application is key to its success – Well the Epi Pen is the same and the availability and quickness of application is key here - as proved by Chris Trimper's death

Be sensible with this bill and allow the expanded availability of epi pens within your community.

Thank you for your time – I am happy to answer any questions or elaborate on any part of my testimony

Jake Gillespie_fav_SB477

Uploaded by: Gillespie, Jake

Position: FAV

February 26, 2020

Written Testimony:

My name is Jake Gillespie, I am fifteen years old, and I have been dealing with food allergies for all fifteen of those years. I carry an Epi-Pen, an injection device that contains epinephrine, which stops anaphylactic reactions. Thankfully, I have not had an allergic reaction since I was a baby, but I must be careful to avoid potential allergens.

One of the most challenging places to avoid food allergens is in restaurants. While restaurants have safety standards they must follow, they do not have to exclude foods that are common allergens. According to the CDC, the eight most common of these food allergies are milk, eggs, fish, crustacean shellfish, wheat, soy, peanuts and tree nuts. All eight of these foods are not uncommon to see in a restaurant. For that reason, it is important that a person with food allergies carries an Epi-Pen with them, especially when eating at a restaurant.

When dining in a restaurant, most people, including myself, tell their server about their food allergies prior to ordering, but there still is a risk of misunderstanding or cross contamination. Individuals with food allergies don't always carry epinephrine for various reasons; they may not know the severity of their allergy, for instance, or perhaps they forgot their Epi-Pen. This is why it is important for restaurants to carry Epi-Pens and for staff to be given proper training in the area of food allergy prevention, symptom recognition and appropriate response.

Fatal food allergy cases are very rare stories, but should not be taken lightly. One death is one death too many.

OC HMRA_Fav_SB477

Uploaded by: Jones, Susan

Position: FAV



HOTEL • MOTEL • RESTAURANT • ASSOCIATION • INC.

**TESTIMONY IN SUPPORT ON BEHALF OF
THE OCEAN CITY HOTEL-MOTEL-RESTAURANT ASSOCIATION**

**SB477 Public Health Emergency Use Auto-Injectable Epi-Pen
Finance Hearing February 28, 2020**

On behalf of the Ocean City Hotel-Motel-Restaurant Association, I am writing in support of SB477 Public Health Emergency Use Auto Injectable Epi-Pen. Lives could be saved by making available for administration, auto-injectable epinephrine for individuals who are experiencing anaphylaxis when a physician or emergency medical services are not immediately available. Given the growth in the number of allergies among the general population, requiring an epi-pen to be onsite is in our opinion a good idea. With the lack of communication in today's world, known allergies and specific requests may not be properly received by those preparing meals.

While we do support the bill, it is imperative that the business and its employees are provided with immunity from civil liability as noted in the current language. The Ocean City Hotel-Motel-Restaurant Association respectfully requests your support SB477. Thank you for your consideration.

Sincerely,

Susan L. Jones
Executive Director

5700 Coastal Hwy. #302 Ocean City, MD 21842
410-289-6733 www.ocvisitor.com inquire@ocvisitor.com

Tricia Lader_Fav_SB477

Uploaded by: Lader, Tricia

Position: FAV

February 28, 2020

Senate Finance Committee

I'm writing on behalf of my son in support of SB 477. We currently live in southern York County, PA. But, I am from MD, our family still lives there, and we are in MD very often. We vacation in Ocean City MD in the summer as well. I think SB 477 is very important for those living with life threatening food allergy. My son, Dustin, 14 years old, is one of those affected by food allergy. He has a history of anaphylaxis. We almost lost him when he was just under two years old. His peanut ige numbers are extremely high (currently 174 with ara h 1-3 in the 60's). It's very unlikely he will ever outgrow his allergies.

This bill is not only important to those who live with food allergy that reside in MD, but also those like my son who visit MD often and vacation in Ocean City MD.

Many in the surrounding states such as PA, VA, DE, flock to MD attractions such as Ocean City, the Inner Harbor in Baltimore, major league sports arenas, etc...

One of my biggest fears is that my son will have a severe reaction and need more Epinephrine than what we are carrying. I've read many stories where up to five and six injections were needed.

We need more awareness raised. Especially in the restaurant industry. There are so many out there that don't carry their epinephrine auto injectors. I have spoken with many in MD (work in MD as well at a restaurant/bar) with a food allergy. They themselves don't understand there are dangers of cross contact. They need to question the oil in the fryer, the prepping area, utensils, the drinks, the dressings as well as the main meal.

The reason why there is such a gap in knowledge between those allergic is because of their experiences. My son suffered anaphylaxis right off the bat. Almost losing him drove me to educate myself as much as possible to keep him safe and to educate him as he grew. Those who have only suffered mild reactions are usually the ones I've spoken with that don't understand the unpredictable nature of food allergy. You can't base future reactions off of past reactions. And it's been my experience that those are the individuals who don't carry epinephrine wherever they go. This Bill would give some protection to those individuals. It would protect those who needed more epinephrine. And, it would also protect those unaware they have a food allergy. You can develop a food allergy at any time in your life. That's a scary thought.

For all of these reasons and more, I urge a favorable report on SB 477. My hope is that my voice and every individual affected by food allergy is heard when all are deciding on this Bill. We need to protect those with food allergy as best we can. The most logical place to start is in food establishments.

Tricia Lader

Mom of an anaphylactic FA child and FA support group leader

RogerLockleer_Fav_SB477

Uploaded by: Lockleer, Roger

Position: FAV

February 28, 2020

Senate Finance Committee

Good morning ladies and gentlemen.

My name is Reverend Roger Locklear and I am a pastor and I reside in Joppa, Maryland.

I appear before you in support of SB 477 Emergency use of Auto Injectable Epinephrine.

Food reactions are a very serious and dangerous thing. In 2005 I was at a Shrimp Feast having dinner with my wife and some friends and suddenly began to experience some unusual feeling of discomfort in my throat accompanied by itching on my body and in the palms of my hands. I had never had any food reactions and I did not know that I was, for the first time in my life, experiencing a reaction to the shrimp I was eating. At first the reaction was mild. I took some Benadryl that someone had with them. The situation was remedied. A month or so later I was at a lunch meeting and once again I experienced the same thing but the attack seemed somewhat more intense than the first. My colleagues I was with scrambled to find Benadryl and could not. I was hurried to a car and escorted quickly to an area drug store and the situation was remedied. Still not making any strides to making an appointment to see a physician for this malady I again experienced a reaction after having lunch and this time the reaction was more intense and I was immediately rushed to the emergency room. The emergency room attending physician informed me that I was experiencing a food reaction and I was administered medications to assist with the reaction. The emergency room doctor informed me that with each new food reaction the responses intensify and instructed me to make an appointment with my primary care physician.

After seeing my primary physician, and having testing, I was officially diagnosed with an allergy to seafood.

My doctor prescribed an Epinephrine pen or an "Epi" pen and instructed me to carry it at all times. There have been several occasions where I have left my epi pen home or in the car and experienced a reaction to food in a restaurant. Once I was at an Olive Garden Restaurant for lunch and even after informing the waitress that I had a severe allergy to seafood I was given food that had either been cross contaminated with seafood or had seafood in its base. I had no epi and had to be rushed to an area emergency center. This particular time my reaction was a severe life threatening reaction and because I did not have an epi pen readily available I thought I was going to die because my throat almost completely closed. This has happened on several occasions through the years. Food allergic reactions are very serious and very dangerous and this is why I am in complete support of SB 477.

TownofOC_Fav_SB477

Uploaded by: Meehan, Mayor Rick

Position: FAV



TOWN OF OCEAN CITY

The White Marlin Capital of the World

February 27, 2020

Finance Committee

3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Re: Senate Bill 477 Public Health - Emergency Use Auto-Injectable Epinephrine Program - Revisions

Dear Members of the Finance Committee,

On behalf of the Town of Ocean City, I write to inform you that we fully support Senate Bill 477 which authorizes a food entity on a voluntary basis to stock and maintain undesignated epinephrine in Maryland.

The tragic passing of Christopher Trimper, of Trimper Rides in Ocean City Maryland, is one of 700 deaths that occur annually due to anaphylaxis. Data shows death from anaphylaxis occurs more often when the individual is away from home due to either a delay before epinephrine is administered or it is given at all. Immediate access to this lifesaving is critical and can be a factor in someone's life or death. With the 8,000,000 individuals that visit Ocean City each year, this matter is extremely important.

This legislation will grant the authority to private dining establishments to forgo the proper training that is approved through the Maryland Department of Health to be able to store and administer auto-injectable epinephrine. This would be a great option for restaurants to have to make sure their customers with food allergies feel safe.

I urge a favorable report on Senate Bill 477, Public Health - Emergency Use Auto-Injectable Epinephrine Program - Revisions. For all of us who knew and loved Chris Trimper, we thank you for your attention in this matter.

Sincerely,

Rick Meehan
Mayor

MAYOR
RICHARD W. MEEHAN

CITY COUNCIL

LLOYD MARTIN
President

MARY P. KNIGHT
Secretary

DENNIS W. DARE
ANTHONY J. DELUCA
JOHN F. GEHRIG, JR.
MATTHEW M. JAMES
MARK L. PADDACK

CITY MANAGER
DOUGLAS R. MILLER

CITY CLERK
DIANA L. CHAVIS, CMC

www.oceancitymd.gov

P.O. BOX 158 • OCEAN CITY, MARYLAND • 21843-0158



City Hall - (410) 289-8221 • FAX - (410) 289-8703

OcChamber_Fav_SB477

Uploaded by: Pursel, Melanie

Position: FAV



**The Greater Ocean City, Maryland
Chamber of Commerce, Inc.**

**TESTIMONY OFFERED ON BEHALF OF
THE GREATER OCEAN CITY CHAMBER OF COMMERCE**

IN SUPPORT OF

SB 477 Public Health – Emergency Use Auto–Injectable Epinephrine Program – Revisions

BEFORE THE SENATE FINANCE COMMITTEE

February 28, 2020

The Greater Ocean City Chamber of Commerce, representing more than 950 regional businesses and organizations strongly supports **SB 477 Public Health – Emergency Use Auto–Injectable Epinephrine Program – Revisions**.

Lives could be saved by making available for administration, auto-injectable epinephrine for individuals who are experiencing anaphylaxis when a physician or emergency medical services are not immediately available. Given the growth in the number of allergies among the general population, requiring an epi-pen to be onsite is in our opinion a good idea. With the lack of communication in today's world, known allergies and specific requests may not be properly received by those preparing meals.

While we do support the bill, it is imperative that the business and its employees are provided with immunity from civil liability as noted in the current language.

Restaurants have to have proper training approved by MDH (There was a bill passed similar to this in which we used the language from to draft this legislation –HB 1743 in 2018 that was approved by the Governor. This allowed epi pen usage in higher ed institutions) This bill SB 477 expands this authority to Restaurants.

An individual with food allergies that does not have access to an epi pen could mean a life or death situation., also it is voluntary. The reaction that occurs is called anaphylaxis- closing of the throat. The auto-injectable epinephrine aids the individual suffering from this reaction. This bill is a preventative measure to help these individuals who suffer from food allergies.

Eunice Q. Sorin Visitor & Conference Center

12320 Ocean Gateway, Ocean City, Maryland 21842 • 410-213-0144 • Fax 410-213-7521

www.oceancity.org • info@oceancity.org

The Greater Ocean City Chamber of Commerce Membership respectfully requests a Favorable Report for **SB 477 Public Health – Emergency Use Auto-Injectable Epinephrine Program – Revisions**. Please feel free to contact me with any questions regarding the position of the Greater Ocean City Chamber of Commerce at 410-213-0144 ext 102.

Sincerely,

A handwritten signature in black ink, appearing to read 'MPursel', is positioned above the typed name.

Melanie A. Pursel, M.S.

President & CEO

AAN_Fav_Sb477

Uploaded by: Riddle, Gary

Position: FAV



February 20, 2020

The Honorable Delores G. Kelley, Chair
The Honorable Brian J. Feldman, Vice Chair
Senate Committee on Finance
Maryland General Assembly
Annapolis, MD 21401

The Honorable Shane E. Pendergrass, Chair
The Honorable Joseline A. Pena-Melnyk, Vice Chair
House Committee on Health and Government
Maryland General Assembly
Annapolis, MD 21401

RE: Support for SB477 and HB1462, Public Health - Emergency Use Auto-Injectable Epinephrine Program - Revisions

Dear Chairs, Vice Chairs, and Members of the Senate and House Committees,

Allergy & Asthma Network, a national nonprofit dedicated to protecting and improving the health of people with allergies, asthma and related conditions, supports bills SB477 and HB1462 which authorize a food service facility to purchase, acquire, and possess epinephrine auto-injectors for use by trained non-medical staff (with immunity protections) for emergency treatment of a person experiencing anaphylactic symptoms.

Severe food, insect venom, medication and latex allergies can be deceiving and lead to an anaphylaxis emergency. There are approximately 700 deaths annually due to anaphylaxis and data shows death from anaphylaxis occurs more often when the individual is away from home and there is either a delay before epinephrine is administered or it is not given at all. Immediate access to this lifesaving medication is critical.

The [*School Access to Emergency Epinephrine Act of 2013*](#) led to legislation in 49 states ensuring students with severe allergies had access to emergency supplies of epinephrine auto-injectors. In recent years, states have expanded the range of organizations permitted to maintain these emergency supplies. Currently 36 states* have laws or guidance authorizing public entities (e.g., restaurants, recreation camps, youth sports leagues, amusement parks, sports arenas and daycare facilities) to purchase, acquire and possess epinephrine auto-injectors for use by a trained employee, volunteer or agent for emergency treatment of a person experiencing anaphylactic symptoms for the first time or does not have their own epinephrine auto-injector available.

*States authorizing public entity use of epinephrine include:

Alaska	Georgia	Maine	Pennsylvania
Alabama	Idaho	Nevada	Rhode Island
Arkansas	Illinois	New Hampshire	South Carolina
Arizona	Indiana	New Jersey	Tennessee
California	Iowa	New York	Texas
Colorado	Kentucky	North Carolina	Utah
Connecticut	Michigan	Ohio	Washington
District of Columbia	Minnesota	Oklahoma	West Virginia
Florida	Missouri	Oregon	Wisconsin



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

Having epinephrine available in public places helps create safer communities and protects some of our most vulnerable citizens. We urge the state of Maryland to be proactive and adopt a law allowing food service facilities to stock and maintain undesignated epinephrine – the only first-line treatment for life-threatening allergic reactions.

Please contact me or our Director of Advocacy Charmayne Anderson at 703-641-9595 to learn more and visit us at AllergyAsthmaNetwork.org. Thank you for your attention to this matter.

Sincerely,

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

Tonya A. Winders
President and CEO

AAFA_Fav_SB477

Uploaded by: Riemenschneider, Jenna

Position: FAV



February 28, 2020

The Honorable Delores Kelly
Chair
Maryland State Senate Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401

The Honorable Brian Feldman
Vice Chair
Maryland State Senate Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401

Dear Senator Kelly and Senator Feldman,

On behalf of the Asthma and Allergy Foundation of America (AAFA) and the more than 32 million Americans living with life-threatening food allergies, I am writing to express AAFA's strong support for S.B. 477, an act concerning Public Health – Emergency Use Auto-Injectable Epinephrine Program – Revisions.

AAFA is the leading patient organization for people with asthma and allergies, and the oldest asthma and allergy patient organization in the world. Kids With Food Allergies, a division of AAFA, offers tools, education, and community to families and children coping with food allergies across the country.

Food allergies are affecting a growing number of American children and adults. Between four and six percent of all children in the U.S. have food allergies. Exposure to the allergen can cause severe reactions, including anaphylaxis and, in rare cases, death. One preventable death is one too many. Because there is no cure for food allergies, awareness and preparedness are key for protecting health and saving lives.

Epinephrine is the only treatment for anaphylaxis and is only available with a prescription. Children and adults who have severe food allergies need epinephrine with them at all times to promptly treat anaphylaxis. In situations where a person does not have access to epinephrine (they may not have their prescribed auto-injector with them, or they could be experiencing their first-ever reaction to a certain allergen), the reaction can become life-threatening. The protection S.B. 477 provides by allowing trained personnel of authorized food service facilities to treat someone suffering anaphylaxis, even for their very first allergic reaction, is life-saving.

Thank you very much for your time and consideration. We are grateful for your concern for the safety of those managing food allergies.

Sincerely,

Kenneth Mendez
President and Chief Executive Officer
Asthma and Allergy Foundation of America

DiningUMD_Fav_SB477

Uploaded by: Wright-Riva, Colleen

Position: FAV



DIVISION OF
STUDENT AFFAIRS
DINING SERVICES

1150 South Campus Dining Hall
7093 Preinkert Drive
College Park, Maryland 20742
301.314.8054 TEL 301.314.9764 FAX
umfood@umd.edu
dining.umd.edu

Thursday, March 27, 2020

Dear Members of the Senate,

My name is Colleen Wright-Riva and I am writing in support of Senate Bill 477 – Public Health – Emergency Use Auto-Injectable Epinephrine Program – Revisions.

I am the Director of Dining Services at The University of Maryland, College Park and prior to that I was the Director of Dining and Retail Services at Cornell University. Between these two positions, I have been a Director in the collegiate setting for over 20 years and during that time I have witnessed a significant increase in students coming to college with life-threatening food allergies. In addition to those students who self-identify with us, there are many more who try to manage their allergies on their own. And most frightening, are those students who don't know they have any allergies and find out when they try a new food item in a new setting.

With legislation passed by Governor Hogan in May 2018, The University of Maryland now makes Emergency Use-Auto-Injectable Epinephrine available in its three dining halls. Senate Bill 477 revises that legislation and allows other food service outlets in the State to have the same opportunity as Institutions of Higher Education. The reality for any food service operation is that allergic reactions can and do happen – no matter how diligent the food service operator is at trying to prevent them. Restaurants, like collegiate dining programs, typically offer a large variety of menu options; they cook much of that food from scratch; they ask employees to handle many responsibilities, and there is a lot going on all the time – and, mistakes happen. With life-threatening food allergies, when a mistake happens, someone's life is at risk.

The University of Maryland takes special diets and food allergies very seriously. Having emergency epinephrine on-site recognizes that even with our focused effort, we cannot mitigate all risk and they serve as another line of defense in this serious matter. I believe many restaurants in Maryland would have the same commitment to their guests as we do to our students - and if allowed, would make emergency epinephrine available. This legislation is important because an individual experiencing an allergic reaction only has a few minutes before Anaphylaxis occurs and without the Epi-Pen, it may cause death. Often first-responders are further away than those precious few minutes. Having an Auto-injectable program would allow a properly trained employee of any food service outlet to provide critical life-saving assistance with little to no other risk to the guest. I urge you to pass this legislation.

Sincerely,

Colleen Wright-Riva
Director, Dining Services
University of Maryland, College Park

2_FIN_SB0477_INFO_MD Dept of Health

Uploaded by: Boyer, Andrew

Position: INFO



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

February 28, 2020

The Honorable Delores G. Kelley, Chair
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 477 – “Public Health - Emergency Use Auto-Injectable Epinephrine Program - Revisions” – Letter of Information

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of information for SB 477 – Public Health - Emergency Use Auto-Injectable Epinephrine Program - Revisions. This bill expands the Emergency Use Auto-Injectable Epinephrine Program (Program) by making it available to all food service facilities in addition to food service facilities, recreation, and wellness facilities at institutions of higher education.

The Department has emergency epinephrine programs for youth camps (Md. Code Ann. 10.16.07.15, Health-General §§ 13-701 – 708) and institutions of higher education (Md. Code Ann. 10.13.04, Health-General §§ 13-7A-01). Both programs depend on trained health care professionals to oversee the program at their institution, including the approval of a written plan for the emergency epinephrine program documenting proper procedures for storage, handling, reporting, and use of emergency services. This bill greatly expands the eligibility for certification to include individuals from any food service facility in the State.

Since the enactment of the youth camps emergency epinephrine program in 2015, the Department has received two reports of emergency epinephrine use related to that program. There have been no reports since the enactment of the program for institutions of higher education.

More commonly, emergency epinephrine devices are used on individuals known to have allergies, and for whom these devices are prescribed. It is important to note that youth camps deal with children supervised by camp staff in outdoor environments where children are considered to have a significantly increased risk of allergic exposures to a variety of potential allergens, including insect stings and other non-food allergens, as well as potentially to food allergens.

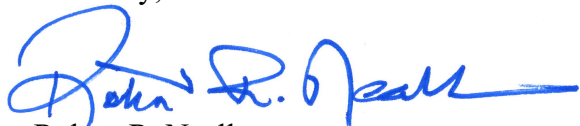
The Department remains committed to ensuring that food service facilities are safe for people with food allergies. Our 2014 report to the General Assembly on food allergies and food safety

recommended both menu labeling and food safety awareness training, which have resulted in increased awareness of food allergies.¹ The Department believes that its current efforts (through education and outreach, menu labeling, and the work being done by food service facilities) are appropriate in preventing adverse reactions.

SB 477 will have a significant fiscal and operational impact on the Department. The Department will need to hire additional staff to implement the program. Additionally, certification is required on an annual basis, further increasing the operational burden for applicants and the Department.

I hope this information is useful. If you would like to discuss this further, please contact Director of Governmental Affairs Webster Ye at (410) 260-3190 or webster.ye@maryland.gov.

Sincerely,



Robert R. Neall
Secretary

¹ Report of the Task Force on Food Allergy Awareness, Food Safety, and Food Service Facility Letter Grading to the Maryland General Assembly. Accessible at: <https://phpa.health.maryland.gov/OEHFP/OFPCHS/Pages/Food-Allergies.aspx>.