

CERTIFICATION OF ENROLLMENT

**SUBSTITUTE SENATE BILL 5841**

Chapter 462, Laws of 2005

59th Legislature  
2005 Regular Session

ASTHMA

EFFECTIVE DATE: 7/24/05

Passed by the Senate April 19, 2005  
YEAS 45 NAYS 0

BRAD OWEN

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**President of the Senate**

Passed by the House April 6, 2005  
YEAS 94 NAYS 0

FRANK CHOPP

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**Speaker of the House of Representatives**

Approved May 13, 2005.

CERTIFICATE

I, Thomas Hoemann, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 5841** as passed by the Senate and the House of Representatives on the dates hereon set forth.

THOMAS HOEMANN

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**Secretary**

FILED

May 13, 2005 - 3:32 p.m.

CHRISTINE GREGOIRE

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**Governor of the State of Washington**

**Secretary of State  
State of Washington**

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**SUBSTITUTE SENATE BILL 5841**

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AS AMENDED BY THE HOUSE

Passed Legislature - 2005 Regular Session

**State of Washington                      59th Legislature                      2005 Regular Session**

**By** Senate Committee on Health & Long-Term Care (originally sponsored by Senators Keiser, Thibaudeau, Kline, Kohl-Welles and Shin)

READ FIRST TIME 03/02/05.

1            AN ACT Relating to the prevention, diagnosis, and treatment of  
2 asthma; amending RCW 41.05.013; adding a new section to chapter 28A.210  
3 RCW; adding a new section to chapter 43.70 RCW; and creating a new  
4 section.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6            NEW SECTION.    **Sec. 1.** The legislature finds that:

7            (1) Asthma is a dangerous disease that is growing in prevalence in  
8 Washington state. An estimated five hundred thousand residents of the  
9 state suffer from asthma. Since 1995, asthma has claimed more than  
10 five hundred lives, caused more than twenty-five thousand  
11 hospitalizations with costs of more than one hundred twelve million  
12 dollars, and resulted in seven million five hundred thousand missed  
13 school days. School nurses have identified over four thousand children  
14 with life-threatening asthma in the state's schools.

15            (2) While asthma is found among all populations, its prevalence  
16 disproportionately affects low-income and minority populations.  
17 Untreated asthma affects worker productivity and results in unnecessary  
18 absences from work. In many cases, asthma triggers present in

1 substandard housing and poorly ventilated workplaces contribute  
2 directly to asthma.

3 (3) Although research continues into the causes and cures for  
4 asthma, national consensus has been reached on treatment guidelines.  
5 People with asthma who are being treated in accordance with these  
6 guidelines are far more likely to control the disease than those who  
7 are not being treated and therefore are less likely to experience  
8 debilitating or life-threatening asthma episodes, less likely to be  
9 hospitalized, and less likely to need to curtail normal school or work  
10 activities. With treatment, most people with asthma are able to live  
11 normal, active lives.

12 (4) Up to one-third of the people with asthma have not had their  
13 disease diagnosed. Among those with diagnosed asthma, thirty to fifty  
14 percent are not receiving medicines that are needed to control the  
15 disease, and approximately eighty percent of diagnosed asthmatics are  
16 not getting yearly spirometry measurements that are a key element in  
17 monitoring the disease.

18 NEW SECTION. **Sec. 2.** A new section is added to chapter 28A.210  
19 RCW to read as follows:

20 (1) The superintendent of public instruction and the secretary of  
21 the department of health shall develop a uniform policy for all school  
22 districts providing for the in-service training for school staff on  
23 symptoms, treatment, and monitoring of students with asthma and on the  
24 additional observations that may be needed in different situations that  
25 may arise during the school day and during school-sponsored events.  
26 The policy shall include the standards and skills that must be in place  
27 for in-service training of school staff.

28 (2) All school districts shall adopt policies regarding asthma  
29 rescue procedures for each school within the district.

30 (3) All school districts must require that each public elementary  
31 school and secondary school grant to any student in the school  
32 authorization for the self-administration of medication to treat that  
33 student's asthma or anaphylaxis, if:

34 (a) A health care practitioner prescribed the medication for use by  
35 the student during school hours and instructed the student in the  
36 correct and responsible use of the medication;

1 (b) The student has demonstrated to the health care practitioner,  
2 or the practitioner's designee, and a professional registered nurse at  
3 the school, the skill level necessary to use the medication and any  
4 device that is necessary to administer the medication as prescribed;

5 (c) The health care practitioner formulates a written treatment  
6 plan for managing asthma or anaphylaxis episodes of the student and for  
7 medication use by the student during school hours; and

8 (d) The student's parent or guardian has completed and submitted to  
9 the school any written documentation required by the school, including  
10 the treatment plan formulated under (c) of this subsection and other  
11 documents related to liability.

12 (4) An authorization granted under subsection (3) of this section  
13 must allow the student involved to possess and use his or her  
14 medication:

15 (a) While in school;

16 (b) While at a school-sponsored activity, such as a sporting event;  
17 and

18 (c) In transit to or from school or school-sponsored activities.

19 (5) An authorization granted under subsection (3) of this section:

20 (a) Must be effective only for the same school and school year for  
21 which it is granted; and

22 (b) Must be renewed by the parent or guardian each subsequent  
23 school year in accordance with this subsection.

24 (6) School districts must require that backup medication, if  
25 provided by a student's parent or guardian, be kept at a student's  
26 school in a location to which the student has immediate access in the  
27 event of an asthma or anaphylaxis emergency.

28 (7) School districts must require that information described in  
29 subsection (3)(c) and (d) of this section be kept on file at the  
30 student's school in a location easily accessible in the event of an  
31 asthma or anaphylaxis emergency.

32 (8) Nothing in this section creates a cause of action or in any  
33 other way increases or diminishes the liability of any person under any  
34 other law.

35 **Sec. 3.** RCW 41.05.013 and 2003 c 276 s 1 are each amended to read  
36 as follows:

37 (1) The authority shall coordinate state agency efforts to develop

1 and implement uniform policies across state purchased health care  
2 programs that will ensure prudent, cost-effective health services  
3 purchasing, maximize efficiencies in administration of state purchased  
4 health care programs, improve the quality of care provided through  
5 state purchased health care programs, and reduce administrative burdens  
6 on health care providers participating in state purchased health care  
7 programs. The policies adopted should be based, to the extent  
8 possible, upon the best available scientific and medical evidence and  
9 shall endeavor to address:

10 (a) Methods of formal assessment, such as health technology  
11 assessment. Consideration of the best available scientific evidence  
12 does not preclude consideration of experimental or investigational  
13 treatment or services under a clinical investigation approved by an  
14 institutional review board;

15 (b) Monitoring of health outcomes, adverse events, quality, and  
16 cost-effectiveness of health services;

17 (c) Development of a common definition of medical necessity; and

18 (d) Exploration of common strategies for disease management and  
19 demand management programs, including asthma, diabetes, heart disease,  
20 and similar common chronic diseases. Strategies to be explored include  
21 individual asthma management plans. On January 1, 2007, and January 1,  
22 2009, the authority shall issue a status report to the legislature  
23 summarizing any results it attains in exploring and coordinating  
24 strategies for asthma, diabetes, heart disease, and other chronic  
25 diseases.

26 (2) The administrator may invite health care provider  
27 organizations, carriers, other health care purchasers, and consumers to  
28 participate in efforts undertaken under this section.

29 (3) For the purposes of this section "best available scientific and  
30 medical evidence" means the best available external clinical evidence  
31 derived from systematic research.

32 NEW SECTION. Sec. 4. A new section is added to chapter 43.70 RCW  
33 to read as follows:

34 (1) The department, in collaboration with its public and private  
35 partners, shall design a state asthma plan, based on clinically sound  
36 criteria including nationally recognized guidelines such as those

1 established by the national asthma education prevention partnership  
2 expert panel report guidelines for the diagnosis and management of  
3 asthma.

4 (2) The plan shall include recommendations in the following areas:

5 (a) Evidence-based processes for the prevention and management of  
6 asthma;

7 (b) Data systems that support asthma prevalence reporting,  
8 including population disparities and practice variation in the  
9 treatment of asthma;

10 (c) Quality improvement strategies addressing the successful  
11 diagnosis and management of the disease; and

12 (d) Cost estimates and sources of funding for plan implementation.

13 (3) The department shall submit the completed state plan to the  
14 governor and the legislature by December 1, 2005. After the initial  
15 state plan is submitted, the department shall provide progress reports  
16 to the governor and the legislature on a biennial basis beginning  
17 December 1, 2007.

18 (4) The department shall implement the state plan recommendations  
19 made under subsection (2) of this section only to the extent that  
20 federal, state, or private funds, including grants, are available for  
21 that purpose.

Passed by the Senate April 19, 2005.

Passed by the House April 6, 2005.

Approved by the Governor May 13, 2005.

Filed in Office of Secretary of State May 13, 2005.