H-3388.1

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**HOUSE BILL 2428**

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**State of Washington 66th Legislature 2020 Regular Session**

**By** Representatives Duerr, Walen, Springer, Santos, Ramel, Shewmake, Doglio, Kilduff, Paul, and Pollet

AN ACT Relating to students' life-threatening allergic reactions; adding a new section to chapter 28A.630 RCW; and providing an expiration date.

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

NEW SECTION. **Sec.**  A new section is added to chapter 28A.630 RCW to read as follows:

(1)(a) The EpiPen work group is established to make recommendations on improving the prevention and treatment of students' life-threatening allergic reactions in schools serving kindergarten through twelfth grade students. One goal of the work group is to recommend policies that will reduce the waste of epinephrine autoinjectors and the costs of purchasing this medication for schools and students' families. Another goal of the work group is to analyze data collected by the office of the superintendent of public instruction in order to make data-informed decisions.

(b) The office of the superintendent of public instruction must convene and staff the work group, and must consult the department of health and the health care authority as applicable.

(2)(a) The work group must consist of the following members:

(i) A school board director recommended by the Washington state school directors' association;

(ii) A school superintendent recommended by a Washington association of school administrators;

(iii) A school principal recommended by a Washington association of school principals;

(iv) A school nurse who works full time at one or two schools recommended by a Washington association of school nurses;

(v) A school nurse who is part of the school nurse corps program recommended by a Washington association of school nurses;

(vi) A school employee who has agreed to the use of epinephrine autoinjectors as a specific part of their job description recommended by a Washington association of school employees;

(vii) A representative of the nursing care quality assurance commission with expertise in standards of nursing practice and the principals of delegation in a school setting recommended by the commission;

(viii) A parent of a student with a life-threatening allergy recommended by a nonprofit organization representing people with asthma and allergies for over fifty years;

(ix) A student with a life-threatening allergy recommended by a Washington association of parents, teachers, and students;

(x) A school health services expert selected by the superintendent of public instruction;

(xi) A pediatric physician certified by the American board of allergy and immunology recommended by a Washington association of physicians;

(xii) A pharmacist with experience dispensing epinephrine autoinjectors to schools under a standing order recommended by a Washington association of pharmacists; and

(xiii) An attorney with experience representing school districts recommended by a Washington association of school attorneys.

(b) To the extent possible, the members of the work group must be racially and ethnically diverse and must represent urban, suburban, and rural locations across the state.

(c) The work group must elect cochairs from the members described in this subsection (2), one from the education sector and the other from the health sector.

(3) The office of the superintendent of public instruction must survey public schools to collect the following data for the 2020-21 school year:

(a) For students with life-threatening allergic reactions, the number of medication orders, individual health care plans, and emergency care plans; and whether a prescription for an epinephrine autoinjector is on file;

(b) The approximate number of epinephrine autoinjectors maintained by schools disaggregated by source;

(c) The number of epinephrine autoinjectors administered to and by students, disaggregated by: (i) The source of the medication; (ii) the category of person who administered the medication; (iii) whether the student does or does not have a prescription for an epinephrine autoinjector on file; and (iv) the location of medication administration;

(d) The number and types of school personnel designated and trained to administer epinephrine autoinjectors as described in RCW 28A.210.383; and

(e) The number of letters of refusal to use epinephrine autoinjectors filed compared to the total number of school employees.

(4) At a minimum, the work group must:

(a) Analyze the survey data collected as required under subsection (3) of this section;

(b) Review federal and state laws and state guidelines related to nursing care, children with life-threatening conditions, students with asthma and anaphylaxis, epinephrine autoinjectors in schools, and other relevant laws and guidelines;

(c) Discuss topics for which recommendations are required under subsection (5) of this section.

(5) By December 15, 2021, and in compliance with RCW 43.01.036, the office of the superintendent of public instruction must report to the appropriate committees of the legislature with a summary of the survey results, the work group's activities, and the work group's recommendations for state agencies and the legislature to improve the prevention and treatment of students' life-threatening allergic reactions in schools serving kindergarten through twelfth grade students. If members of the work group do not agree with the content of the majority report, there may be a minority report included as an addendum to the majority report. At a minimum, the work group must make recommendations on the following topics:

(a) Required periodic data collection and analysis related to students' life-threatening allergic reactions, such as the data described in subsection (3) of this section;

(b) Whether selling epinephrine autoinjectors singly would reduce epinephrine autoinjector waste without compromising student health and safety;

(c) Whether the families of students with life-threatening allergic reactions should be required to provide epinephrine autoinjectors to a school that maintains a school stock of epinephrine autoinjectors and, if not, the minimum number of epinephrine autoinjectors per student that a school should maintain as school stock;

(d) Whether to allow or require the administration of over-the-counter allergy medication to treat students' symptoms of allergic reactions, and under what circumstances;

(e) Other ways to reduce the waste of epinephrine autoinjectors and the costs of purchasing this medication for schools and students' families, while maintaining students' safety and without increasing schools' liability; and

(f) Whether to allow designated trained school employees to administer epinephrine autoinjectors to students without prescriptions for epinephrine autoinjectors who are demonstrating the symptoms of anaphylaxis when a school nurse is not in the vicinity and, if so, policies and procedures to do this safely.

(6) This section expires June 30, 2022.

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