

HOUSE BILL REPORT

SSB 6556

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to school anaphylactic policy guidelines.

Brief Description: Requiring the office of the superintendent of public instruction to develop anaphylactic policy guidelines.

Sponsors: Senate Committee on Early Learning & K-12 Education (originally sponsored by Senators Honeyford, Pflug, Morton, Stevens and Swecker).

Brief History:

Committee Activity:

Health Care & Wellness: 2/25/08, 2/27/08 [DPA].

**Brief Summary of Substitute Bill
(As Amended by House Committee)**

- Requires the Office of the Superintendent of Public Instruction, by March 31, 2009, to develop and report anaphylactic policy guidelines to the Legislature and to school districts for use in developing school district anaphylaxis prevention policies by September 1, 2009.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass as amended. Signed by 12 members: Representatives Cody, Chair; Morrell, Vice Chair; Hinkle, Ranking Minority Member; Alexander, Assistant Ranking Minority Member; Barlow, Campbell, Condotta, Green, Moeller, Pedersen, Schual-Berke and Seaquist.

Staff: Chris Cordes (786-7103).

Background:

Allergic reactions can sometimes result in a sudden life-threatening systemic reaction called anaphylaxis. These reactions most commonly result from exposure to agents like insect

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venom, food, or medications. Injection with epinephrine is recognized as the treatment of choice for anaphylaxis.

Medical Treatment in Schools

A state law enacted in 2002 limits certain students' admission to Washington's public schools. Students with life-threatening conditions that may require medical services at school may be admitted only if the student has a medication or treatment order. Another state law, enacted in 2005, requires school districts to adopt policies regarding asthma rescue procedures and in-service asthma training for school staff. This law allows students in public schools to self-medicate for asthma or anaphylaxis if, among other requirements, there is a written treatment plan, the medicine is prescribed for use during school, and the student demonstrates the skill level necessary to use the medication.

A bulletin on the administration of medicines in schools issued by the Office of the Superintendent of Public Instruction (OSPI) in 2001 includes a discussion on the administration of emergency medications. It recommends that an emergency care plan be developed for students who have a history of severe reactions to insect bites, latex, food, and other allergens. The recommended plan would, among other things: (1) identify who may administer medications; (2) include written orders from a licensed health professional stating that the student suffers from an allergy that could result in an anaphylactic reaction and identifying the drug to be administered; and (3) include follow-up procedures. The bulletin further recommends that a registered nurse train and supervise non-nurse school staff in epinephrine administration.

Food Allergy Policies

Federal law provides funding to schools that guarantee special education and related services to eligible children with disabilities, which may include food allergies. If a student's food allergy may result in an anaphylactic reaction, as determined by a physician, the student is considered disabled for purposes of the federal law. In that case, accommodations, such as food substitutions, are required as prescribed by the physician.

Although some Washington public schools have specific policies addressing students with food allergies, there is not a statewide school policy on student food allergies. In the 2007-2009 operating budget, the OSPI was directed to convene a workgroup to develop, by March 31, 2008, school food allergy guidelines and policies to allow for school district implementation by the 2008-09 school year.

Other State Laws on Allergy/Anaphylaxis School Policies

Other states have adopted guidelines for managing life-threatening food allergies or anaphylaxis in schools. For example, both Connecticut and Massachusetts have food allergy policy guides for schools, and New York enacted a law in 2007 that directs the development of a statewide anaphylactic policy for school districts.

Summary of Amended Bill:

By March 31, 2009, the OSPI, in consultation with the Department of Health, must report school anaphylactic policy guidelines to the Legislature and to school districts for schools to prevent anaphylaxis and related medical emergencies. Each school district must use the guidelines to develop and adopt a school district policy on anaphylaxis prevention for each of its schools by September 1, 2009.

In addition, by October 15, 2008, the OSPI must report to the Select Interim Legislative Task Force on Comprehensive School Health Reform on the implementation of the 2008 Guidelines for Care of Students with Life-Threatening Food Allergies. The report must include a review of the policies developed by school districts, the training provided to school personnel, and plans for follow-up monitoring of implementation. The OSPI must also make recommendations on requirements for implementing the school anaphylactic policy guidelines.

The school anaphylactic policy guidelines must be developed with input from pediatricians, school nurses and other health care providers, parents of affected children, school administrators, teachers, and food service directors.

The guidelines must address at least the following:

- procedures for developing a treatment plan, including responsibilities for school personnel for responding to a student experiencing anaphylaxis;
- training course content for appropriate school personnel for preventing and responding to a student experiencing anaphylaxis;
- procedures for developing an individualized emergency health care plan for children with food or other allergies that could result in anaphylaxis;
- a communication plan for the school to gather and disseminate information on students with food or other allergies that could result in anaphylaxis; and
- strategies for reduction of anaphylactic risk.

For the purposes of these provisions, anaphylaxis is defined as a severe allergic and life-threatening reaction that is a collection of symptoms, which may include breathing difficulties and a drop in blood pressure.

Amended Bill Compared to Substitute Bill:

The amendment adds a requirement for the OSPI to: (1) report, by October 15, 2008, to the School Health Reform Task Force on implementation of the food allergies guidelines, including recommendations related to implementing the school anaphylactic policy guidelines; and (2) include the Legislature when reporting on school anaphylactic policy guidelines in March 2009.

Appropriation: None.

Fiscal Note: Available on SB 6556 and requested on amended bill on February 27, 2008.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony:

(In support) The development of the food allergies guidelines is an ongoing project, but this bill requires a broader look at the anaphylaxis issue. It is essential legislation because of several serious situations that have occurred in schools. The current policies are not adequate to fulfill the state's paramount duty to educate and protect the health and safety of its children. Children with food allergies, such as an allergy to peanuts, live with a ticking time bomb. If the school is not prepared to be a first responder, these children could die. The schools are not indifferent, but they have to be educated by the parents. Even attempts to pick a school with a good food allergy policy gets mixed results. Parents often find themselves negotiating with the school, and they need these guidelines so they have something to turn to for help. Schools frequently do not follow the child's "504 plan," and EpiPens may be locked away. School staff is not adequately trained now, but good training could make a difference. One child's extended hospital stay will more than outweigh the state's cost of implementing the guidelines. The number of children with life-threatening allergies is increasing at an alarming rate. Several states have passed laws or rules on anaphylactic policies.

(Neutral) The draft guidelines on food allergies are available. The bill broadens the scope of these guidelines, but the agency is willing to expand to other allergens. However, the work group funding ends this year. It is expected that schools will have food allergy policies this school year. The Office of Civil Rights assists parents with developing "504 plans" under federal law.

(Opposed) None.

Persons Testifying: (In support) Senator Honeyford, prime sponsor; Cheyenne LaViolette; Theresa Hancock; Kelly Morgan; Debbie Korevaar; Joshua Korevaar-Dorsey; Mark Dorsey; Cinda Norton; Casey Benoit; Steve Crampton; Jeff Camerer; Monica Hollenberg; Karen Hollenberg; Margie Willett; and Tiesha Stiles.

(Neutral) Isabel Munoz-Colon and Gayle Thronson, Office of the Superintendent of Public Instruction.

Persons Signed In To Testify But Not Testifying: None.