

HOUSE BILL REPORT

SB 6223

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to authorizing emergency medical technicians to administer glucagon in emergency situations.

Brief Description: Authorizing emergency medical technicians to administer glucagon in emergency situations.

Sponsors: Senators Keiser, Pflug, Parlette, Kohl-Welles and Franklin.

Brief History:

Committee Activity:

Health Care & Wellness: 2/20/08, 2/25/08 [DPA].

Brief Summary of Bill
(As Amended by House Committee)

- Authorizes emergency medical technicians to administer a patient's own glucagon emergency kit.
- Directs the Emergency Medical Services and Trauma Care Steering Committee to make recommendations regarding whether or not emergency medical technicians should be authorized to carry glucagon emergency kits and administer them to patients.

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, Condotta, DeBolt, Green, Moeller, Pedersen, Schual-Berke and Seaquist.

Staff: Chris Blake (786-7392).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Diabetes and Glucagon

Diabetes is a disease where blood sugar levels are elevated due to the pancreas' inability to make or properly use insulin. The Centers for Disease Control and Prevention estimate that over 20 million people in the United States have diabetes.

Hypoglycemia is a condition that occurs when blood sugar levels become too low. For individuals with diabetes, hypoglycemia may occur when attempts to manage blood sugar levels through diet, exercise, or medications are not successful. One method for raising blood sugar levels in hypoglycemic patients is to inject a medication known as glucagon. Glucagon is a hormone that helps to quickly raise blood sugar levels.

Emergency Medical Personnel

Emergency medical personnel may provide patient care that is included within training curricula, approved specialized training, and local medical program director protocols. The four categories of emergency medical service personnel in descending order of training are: paramedics, intermediate life support technicians, emergency medical technicians, and first responders. To become an emergency medical technician an individual must complete an approved training course and an examination and also be an active member of an emergency medical services organization. With the exception of the administration of epinephrine, an emergency medical technician may not administer injections.

Summary of Amended Bill:

By July 1, 2010, the Department of Health (Department) shall establish training standards related to the administration of a patient's own glucagon emergency kit by an emergency medical technician. Medical program directors shall adopt protocols for emergency medical technicians to administer a patient's own glucagon emergency kit. After July 1, 2010, emergency medical technicians may administer a patient's own glucagon emergency kit in accordance with Department training standards and medical program director protocols.

By December 15, 2008, the Emergency Medical Services and Trauma Care Steering Committee (Steering Committee) shall make recommendations to the Governor and the Legislature regarding whether or not emergency medical technicians should be authorized to carry glucagon emergency kits and administer them to patients. The recommendations shall be based upon consideration of the need for glucagon administration by emergency medical services personnel, the risks associated with improper administration, and education and training costs.

Amended Bill Compared to Original Bill:

The underlying bill's requirements that all ambulances and aid services make glucagon emergency kits available to their emergency medical technicians and that emergency medical technicians be authorized to administer glucagon are removed.

The Steering Committee must recommend to the Governor and the Legislature whether or not emergency medical technicians should be authorized to carry and administer glucagon emergency kits.

The Department must develop training standards, and medical program directors must develop protocols, to allow emergency medical technicians to administer a patient's own supply of glucagon. After July 1, 2010, emergency medical technicians are authorized to administer a patient's own glucagon emergency kit.

Appropriation: None.

Fiscal Note: Available.

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) When patients with diabetes suffer extremely low drops in blood sugar levels it can be life-threatening and only injectable glucagon can help reverse the patient's condition. Emergency medical technicians are usually the first on the scene and should carry glucagon and be authorized to use it. Emergency medical technicians can already administer epinephrine by injection and glucagon is a safer medication. Lay personnel can already administer glucagon to children in school. This will do a lot of good for individuals in diabetic crisis.

(Concerns) It is not clear that there is any data to support increasing the training of emergency medical personnel and the increased costs to local governments and private ambulance companies. A longer implementation period could allow the Department of Health to have personnel get the training. There are other emergency items that could be stocked that may be more helpful to more people. Local governments should be allowed to choose what they want to stock on their ambulances.

(Opposed) None.

Persons Testifying: (In support) David Charney; and Donna Christensen, American Diabetes Association.

(Concerns) Ryan Spiller, Washington Fire Commissioners Association; and Susie Tracy, American Medical Response and Washington State Medical Association.

Persons Signed In To Testify But Not Testifying: None.