

HOUSE BILL REPORT

HB 2428

As Reported by House Committee On:
Education

Title: An act relating to students' life-threatening allergic reactions.

Brief Description: Studying students' life-threatening allergic reactions.

Sponsors: Representatives Duerr, Walen, Springer, Santos, Ramel, Shewmake, Doglio, Kilduff, Paul and Pollet.

Brief History:

Committee Activity:

Education: 1/20/20, 2/3/20 [DPS].

Brief Summary of Substitute Bill

- Directs the Office of the Superintendent of Public Instruction and the Department of Health to collaborate to submit to the Legislature by December 1, 2020, a report of findings related to statewide implementation of the law authorizing prescriptions for, and use of, school supplies of epinephrine autoinjectors.

HOUSE COMMITTEE ON EDUCATION

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 17 members: Representatives Santos, Chair; Dolan, Vice Chair; Paul, Vice Chair; Steele, Ranking Minority Member; McCaslin, Assistant Ranking Minority Member; Volz, Assistant Ranking Minority Member; Bergquist, Caldier, Callan, Corry, Harris, Ortiz-Self, Rude, Stonier, Thai, Valdez and Ybarra.

Staff: Megan Wargacki (786-7194).

Background:

Before attending school, the family of a student who has a life-threatening health condition that may require medical services to be performed at the school must present a medication or treatment order addressing the condition. A health care plan must be put in place to

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implement the order, which may include training of school staff to administer necessary medication. The student's family may be required to provide any medication or equipment identified in the medication or treatment order.

"Anaphylaxis" means a severe, potentially life-threatening, allergic reaction that is a collection of symptoms, which may cause difficulty breathing, fainting, and vomiting. Administration of epinephrine, also known as adrenaline, can quickly reverse many of the effects of a severe allergic reaction. People with life-threatening allergies may carry an epinephrine autoinjector, such as the EpiPen or the Auvi-Q, for immediate self (or caregiver) administration to treat anaphylaxis in an emergency.

In 2009 the Office of the Superintendent of Public Instruction (OSPI), in consultation with the Department of Health (DOH), published policy guidelines for schools to prevent anaphylaxis and deal with medical emergencies resulting from it. The policy guidelines include: information on developing student health care plans; a recommendation for all school staff to be trained annually on identifying and responding to life-threatening allergies; the components of student-specific staff training related to allergen avoidance, recognition of symptoms, and administration of emergency medications; and roles and responsibilities of students with life-threatening allergies and their parents, school nurses, school administrators, and other staff.

Since 2013 school districts and private schools have been permitted to maintain a school supply of epinephrine autoinjectors to use to respond to a potentially life-threatening allergic reaction of a student under the following circumstances:

- when a student has a prescription for an epinephrine autoinjector on file, the school nurse or designated trained school personnel may use the school supply to respond to an anaphylactic reaction under a standing protocol; and
- when a student does not have an epinephrine autoinjector or prescription for one on file, only the school nurse may use the school supply to respond to an anaphylactic reaction under a standing protocol.

A school district or a private school may obtain a school supply of epinephrine autoinjectors with a prescription from a licensed health professional with the authority to prescribe epinephrine autoinjectors that is accompanied by a standing order for the administration of school-supplied, undesignated epinephrine autoinjectors for potentially life-threatening allergic reactions.

There is no mandate for the OSPI to collect health data from schools.

Summary of Substitute Bill:

The EpiPen work group (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 OSPI in order to make data-informed decisions.

The OSPI must convene and staff the work group, and must consult the DOH and the Health Care Authority as applicable. The work group must include specified school staff, specified health care staff, a parent and a student, and other experts. 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. The work group must elect cochairs, one from the education sector and the other from the health sector.

The OSPI must survey public schools to collect the listed data for the 2020-21 school year, for example: information related to students with life-threatening allergic reactions, the number of epinephrine autoinjectors maintained by schools disaggregated and the number administered to students, and the number of staff trained to administer epinephrine autoinjectors. The work group must analyze the survey data.

By December 15, 2021, the OSPI must report to the Legislature with a summary of the survey results, the work group's activities, and the work group's recommendations on six listed topics related to data collection, sales and maintenance of epinephrine autoinjectors, use of over-the-counter allergy medication, reducing waste and cost, and circumstances under which epinephrine autoinjectors may be administered by school staff.

Substitute Bill Compared to Original Bill:

By December 1, 2020, the OSPI and the DOH must collaborate to submit to the Legislature a report of findings related to statewide implementation of the law authorizing prescriptions for, and use of, school supplies of epinephrine autoinjectors.

In preparing the report, the OSPI and the DOH must:

- analyze information about the schools that maintain a supply of epinephrine autoinjectors;
- examine the barriers and challenges licensed health professionals with the authority to prescribe epinephrine autoinjectors experience in prescribing this medication under a standing order;
- review whether and to what extent the requirement that a student with a life-threatening allergic reaction present a medication or treatment order addressing the medical services that may be required to be performed at the school reduces the need for and use of a school supply of epinephrine autoinjectors;
- determine the number of unused epinephrine autoinjectors discarded by schools, and returned to students' families, at the end of the 2020-21 school year;
- complete an inventory of the number and categories of school district staff provided with training on identifying and responding to life-threatening allergies between September 1, 2017, and September 1, 2020; and
- investigate any other implementation issues raised by school nurses, students who have life-threatening allergic reactions, and students' families during meetings held by the OSPI for the purpose of soliciting feedback on these issues.

When collecting and analyzing the information described above, the OSPI and the DOH must collect information from multiple sources, and disaggregate information during analysis, such that information can be separated by school geography, student enrollment, school socioeconomic status, and other student demographics.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) Nurses must get orders from doctors for each student medication that may be administered at school. Under the authority of the nurse license, the school nurse must write a health plan for allergy and rescue medications like epinephrine autoinjectors, and then delegate and train school staff how to administer the medications. School nurses must collect, label, store, and do paperwork at each school for dozens of epinephrine autoinjectors.

Until the necessary doctor's orders are received and the student brings an epinephrine autoinjector to school, the student is not allowed to be at school. Every year there are students who miss multiple days of school because they are unable to bring an epinephrine autoinjector to school, often due to the high cost of the medication or due to lack of inventory in a local pharmacy.

Schools are unable to keep epinephrine autoinjectors over the summer holiday because the doctor's orders only cover the current school year. School nurses contact families to remind them to either pick up the medication or sign a waiver to have the medication sent home in the student's backpack.

School nurses must dispose of unclaimed epinephrine autoinjectors even if unexpired. Some school districts collect hundreds of epinephrine autoinjectors each year, most of which end up in the landfill unless someone brings them to a drug disposal site. This is very wasteful, especially considering that there are children that must go to the emergency room because their families are unable to afford the medication. Even though legislation has been enacted that allows schools to keep stock supply of epinephrine autoinjectors, many physicians are unwilling to write prescriptions for stock supply purposes and many schools do not have the budget to purchase epinephrine autoinjectors even if they had a prescription.

It is unknown how many students are not reported to the school as having a life-threatening allergy because the family of the student cannot afford to purchase epinephrine autoinjectors, which are expensive. It is also unknown how many epinephrine autoinjectors stored at schools go unused each year. Maybe families should be allowed to donate their students' prescription epinephrine autoinjectors to a common school stock, which could be used by any student experiencing an allergic reaction. It would be faster, in an emergency situation, for

the school nurse to simply use an epinephrine autoinjector from the common stock, than to have to find the epinephrine autoinjector labeled for a specific student.

(Opposed) None.

(Other) It is unclear what problem needs to be solved by this bill. Some of the required survey data is already collected, but most is not. The OSPI would have to figure out how to ask school districts for this information and the districts would have to figure out how to answer, which can sometimes not produce the intended results. The bill would require additional staffing at the OSPI. There may be a way to get to the heart of the matter without a fiscal impact.

Persons Testifying: (In support) Representative Duerr, prime sponsor; and Laura Peterson, Washington State Parent Teacher Association.

(Other) Katherine Mahoney, Office of the Superintendent of Public Instruction.

Persons Signed In To Testify But Not Testifying: None.