

HOUSE BILL REPORT

SSB 5841

As Passed House - Amended:

April 6, 2005

Title: An act relating to the prevention, diagnosis, and treatment of asthma.

Brief Description: Providing for the prevention, diagnosis, and treatment of asthma.

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

Brief History:

Committee Activity:

Health Care: 3/29/05, 3/31/05 [DPA].

Floor Activity:

Passed House - Amended: 4/6/05, 94-0.

Brief Summary of Substitute Bill (As Amended by House)

- Authorizes elementary and secondary school students to self-administer prescribed medication to treat asthma or anaphylaxis according to a written treatment plan.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass as amended. Signed by 13 members: Representatives Cody, Chair; Campbell, Vice Chair; Morrell, Vice Chair; Bailey, Ranking Minority Member; Curtis, Assistant Ranking Minority Member; Alexander, Appleton, Clibborn, Green, Hinkle, Lantz, Moeller and Schual-Berke.

Staff: Chris Blake (786-7392).

Background:

According to the Centers for Disease Control, asthma is the most common long-term disease affecting children. Asthma is a chronic respiratory disease characterized by episodes or attacks of inflammation and narrowing of small airways. Asthma attacks can vary from mild to life-threatening and involve shortness of breath, cough, wheezing, chest pain or tightness, or a combination of these symptoms. Many factors can trigger an asthma attack, including allergens, infections, exercise, abrupt change in the weather, or exposure to airway irritants. Although asthma cannot be cured, it can be controlled.

Anaphylaxis is an allergic hypersensitivity reaction of the body to a foreign protein or drug. Anaphylaxis can be caused by drugs, insect stings, foods, plants, and inhalants. During anaphylaxis, the patient's blood pressure drops and many tissues may swell, potentially obstructing the airway and resulting in respiratory failure. An injection of epinephrine may be used to treat anaphylactic reactions by raising the blood pressure and opening the airways.

In October 2004, Congress enacted the Asthmatic Schoolchildren's Treatment and Health Management Act of 2004 (Act). The Act directs the Secretary of Health and Human Services, in making certain Public Health Service Act grants or any other asthma-related grant to a state, to give preference to states that require public elementary and secondary schools to allow students to self-administer medication to treat that student's asthma or anaphylaxis. There are no similar provisions in Washington law.

The Washington State Health Care Authority (HCA) is the state agency which administers state employee insurance benefits and the Basic Health Plan, the state subsidized health insurance program for low income persons. The HCA is also generally responsible for coordinating efforts among state health care agencies regarding health care cost containment.

Summary of Amended Bill:

The Superintendent of Public Instruction and the Department of Health (DOH) are required to develop a uniform policy for all school districts regarding the training of school staff about children with asthma. School districts must adopt policies regarding asthma rescue procedures.

All elementary and secondary schools must authorize any student to self-administer medication to treat his or her asthma or anaphylaxis where: (1) a health care practitioner has prescribed the medication and formulated a written treatment plan; (2) the student has demonstrated the skill level necessary to use the medication; and (3) the student's parents have completed any written documentation required by the school. The authorization must be renewed each school year.

In coordinating uniformity in state-purchased health care programs, the HCA's disease management programs must address asthma, diabetes, heart disease, and other chronic conditions. The HCA must report on the status of coordinating these diseases in January 2007 and January 2009.

The Department of Health must design a state asthma plan that recommends data systems to report asthma prevalence, prevention, and management processes; quality improvement strategies; and cost estimates for funding plan implementation. The plan must be completed by December 2005 and may be implemented to the extent that funds are available.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

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

Testimony For: This bill will protect children with asthma and ensure best practices in schools. This will ensure that children who have asthma will have timely access to their medications while at school. Schools should have plans to address the needs of children with asthma and allergies. When a severe reaction occurs, the school should have an emergency action plan in place so that staff can respond quickly. Ensuring that health plans are using best practices for managing asthma will save the state money. This bill will bring Washington into alignment with federal laws in order to give the state preferred status to receive federal grants.

Testimony Against: None.

Persons Testifying: (In support) Nick Federici, Dr. John Bruttem, and Robin Evans-Agnew, American Lung Association of Washington; Anna McCartney; and Laird Harris, American Lung Association of Washington and the Washington Asthma Initiative.

(Questions only) Greg Williamson, Office of Superintendent of Public Instruction; Richard Onizuka, Health Care Authority; and Patty Hayes, Department of Health.

Persons Signed In To Testify But Not Testifying: None.