

# SENATE BILL REPORT

## SSB 5841

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As Passed Senate, March 16, 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:** Senate Committee on Health & Long-Term Care (originally sponsored by Senators Keiser, Thibaudeau, Kline, Kohl-Welles and Shin).

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 2/23/05, 2/28/05 [DPS, w/oRec].  
Passed Senate: 3/16/05, 40-7.

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** That Substitute Senate Bill No. 5841 be substituted therefor, and the substitute bill do pass.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Benson, Franklin, Kastama, Kline and Poulsen.

**Minority Report:** That it be referred without recommendation.

Signed by Senator Parlette.

**Staff:** Jonathan Seib (786-7427)

**Background:** Asthma is a chronic respiratory disease characterized by episodes or attacks of inflammation and narrowing of small airways in response to asthma "triggers." 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. A systematic allergic reaction known as anaphylaxis also occurs in some asthma patients. 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.

According to the Centers for Disease Control, asthma is the most common long-term disease of children. The Washington asthma prevalence rate is one of the highest in the nation, with an estimated 450,000 adults and 150,000 children with the disease.

In October 2004, Congress enacted the "Asthmatic Schoolchildren's Treatment and Health Management Act of 2004." 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. Washington law does not currently meet the requirements of this federal act.

The 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 Bill:** The Superintendent of Public Instruction and the Department of Health are 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 and prevention policies.

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; (3) the student's parents have completed any written documentation required by the school. The authorization must be renewed each school year.

The state Health Care Authority is to coordinate the development of asthma management programs, including individual asthma management plans, and establish a common asthma registry process for state agencies and health plans delivering state purchased health care services.

The Department of Health must collect data regarding the prevalence of asthma, identifying populations with disproportionate prevalence, and describe successful strategies for diagnosis, prevention and treatment of asthma.

**Appropriation:** None.

**Fiscal Note:** Available on substitute bill.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Testimony For:** Asthma is a prevalent, dangerous and destructive disease that disproportionately effects residents of Washington State. It is one of the two fastest growing chronic conditions for children. We do not understand what causes it, and it cannot be cured, but it can be managed. Comprehensive approaches are necessary to properly address chronic conditions. This bill effects one out of every fifteen school-aged children. Access to a rescue inhaler is very important to the well-being of a child with asthma, and this bill reinforces that access. The bill will give Washington priority for the receipt of certain federal public health grants. We currently do not have good data regarding asthma, and such data will be important to determine whether our interventions are effective.

**Testimony Against:** None.

**Who Testified:** PRO: Nick Federic, Robin Evans-Agnew, American Lung Association of Washington; John Corrales-Diaz, Kitsap Asthma Coalition; Janet Primomo, University of Washington; Marcia Stone, Maggie Mendoza, Public Health Seattle-King County; Greg Williamson, Gayle Thronson, Office of the Superintendent of Public Instruction; Art Sprenkle

**House Amendment(s):** The House amendment: (1) removes the requirement that school districts adopt asthma prevention policies; (2) removes the requirement that the Health Care Authority

establish an asthma registry; (3) removes the requirement that the Department of Health collect data regarding asthma; (4) adds the requirement that the HCA report to the Legislature regarding its disease and demand management program; and (5) adds the requirement that the Department of Health design a state asthma plan, and implement the plan to the extent funds are available.

Passed House: 94-0.