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**SUBSTITUTE SENATE BILL 5841**

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**State of Washington**

**59th Legislature**

**2005 Regular Session**

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

READ FIRST TIME 03/02/05.

1       AN ACT Relating to the prevention, diagnosis, and treatment of  
2 asthma; amending RCW 41.05.013; adding a new section to chapter 28A.210  
3 RCW; adding a new section to chapter 41.05 RCW; adding a new section to  
4 chapter 43.70 RCW; and creating a new section.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6       NEW SECTION.   **Sec. 1.** The legislature finds that:

7       (1) Asthma is a dangerous disease that is growing in prevalence in  
8 Washington state. An estimated five hundred thousand residents of the  
9 state suffer from asthma. Since 1995, asthma has claimed more than  
10 five hundred lives, caused more than twenty-five thousand  
11 hospitalizations with costs of more than one hundred twelve million  
12 dollars, and resulted in seven million five hundred thousand missed  
13 school days. School nurses have identified over four thousand children  
14 with life-threatening asthma in the state's schools.

15       (2) While asthma is found among all populations, its prevalence  
16 disproportionately affects low-income and minority populations.  
17 Untreated asthma affects worker productivity and results in unnecessary  
18 absences from work. In many cases, asthma triggers present in

1 substandard housing and poorly ventilated workplaces contribute  
2 directly to asthma.

3 (3) Although research continues into the causes and cures for  
4 asthma, national consensus has been reached on treatment guidelines.  
5 People with asthma who are being treated in accordance with these  
6 guidelines are far more likely to control the disease than those who  
7 are not being treated and therefore are less likely to experience  
8 debilitating or life-threatening asthma episodes, less likely to be  
9 hospitalized, and less likely to need to curtail normal school or work  
10 activities. With treatment, most people with asthma are able to live  
11 normal, active lives.

12 (4) Up to one-third of the people with asthma have not had their  
13 disease diagnosed. Among those with diagnosed asthma, thirty to fifty  
14 percent are not receiving medicines that are needed to control the  
15 disease, and approximately eighty percent of diagnosed asthmatics are  
16 not getting yearly spirometry measurements that are a key element in  
17 monitoring the disease.

18 NEW SECTION. **Sec. 2.** A new section is added to chapter 28A.210  
19 RCW to read as follows:

20 (1) The superintendent of public instruction and the secretary of  
21 the department of health shall develop a uniform policy for all school  
22 districts providing for the in-service training for school staff on  
23 symptoms, treatment, and monitoring of students with asthma and on the  
24 additional observations that may be needed in different situations that  
25 may arise during the school day and during school-sponsored events.  
26 The policy shall include the standards and skills that must be in place  
27 for in-service training of school staff.

28 (2) All school districts shall adopt policies regarding asthma  
29 rescue procedures and asthma prevention policies for each school within  
30 the district.

31 (3) All school districts must require that each public elementary  
32 school and secondary school grant to any student in the school  
33 authorization for the self-administration of medication to treat that  
34 student's asthma or anaphylaxis, if:

35 (a) A health care practitioner prescribed the medication for use by  
36 the student during school hours and instructed the student in the  
37 correct and responsible use of the medication;

1 (b) The student has demonstrated to the health care practitioner,  
2 or the practitioner's designee, and a professional registered nurse at  
3 the school, the skill level necessary to use the medication and any  
4 device that is necessary to administer the medication as prescribed;

5 (c) The health care practitioner formulates a written treatment  
6 plan for managing asthma or anaphylaxis episodes of the student and for  
7 medication use by the student during school hours; and

8 (d) The student's parent or guardian has completed and submitted to  
9 the school any written documentation required by the school, including  
10 the treatment plan formulated under (c) of this subsection and other  
11 documents related to liability.

12 (4) An authorization granted under subsection (3) of this section  
13 must allow the student involved to possess and use his or her  
14 medication:

15 (a) While in school;

16 (b) While at a school-sponsored activity, such as a sporting event;  
17 and

18 (c) In transit to or from school or school-sponsored activities.

19 (5) An authorization granted under subsection (3) of this section:

20 (a) Must be effective only for the same school and school year for  
21 which it is granted; and

22 (b) Must be renewed by the parent or guardian each subsequent  
23 school year in accordance with this subsection.

24 (6) School districts must require that backup medication, if  
25 provided by a student's parent or guardian, be kept at a student's  
26 school in a location to which the student has immediate access in the  
27 event of an asthma or anaphylaxis emergency.

28 (7) School districts must require that information described in  
29 subsection (3)(c) and (d) of this section be kept on file at the  
30 student's school in a location easily accessible in the event of an  
31 asthma or anaphylaxis emergency.

32 (8) Nothing in this section creates a cause of action or in any  
33 other way increases or diminishes the liability of any person under any  
34 other law.

35 NEW SECTION. **Sec. 3.** A new section is added to chapter 41.05 RCW  
36 to read as follows:

37 (1) The authority shall coordinate among state agencies and health

1 plans delivering state purchased health services for including asthma  
2 management, including development of individual asthma management  
3 plans, among the disease management programs that are encouraged by the  
4 authority.

5 (2) The administrator shall establish a common asthma registry  
6 process for all providers of health care services purchased by the  
7 state.

8 **Sec. 4.** RCW 41.05.013 and 2003 c 276 s 1 are each amended to read  
9 as follows:

10 (1) The authority shall coordinate state agency efforts to develop  
11 and implement uniform policies across state purchased health care  
12 programs that will ensure prudent, cost-effective health services  
13 purchasing, maximize efficiencies in administration of state purchased  
14 health care programs, improve the quality of care provided through  
15 state purchased health care programs, and reduce administrative burdens  
16 on health care providers participating in state purchased health care  
17 programs. The policies adopted should be based, to the extent  
18 possible, upon the best available scientific and medical evidence and  
19 shall endeavor to address:

20 (a) Methods of formal assessment, such as health technology  
21 assessment. Consideration of the best available scientific evidence  
22 does not preclude consideration of experimental or investigational  
23 treatment or services under a clinical investigation approved by an  
24 institutional review board;

25 (b) Monitoring of health outcomes, adverse events, quality, and  
26 cost-effectiveness of health services;

27 (c) Development of a common definition of medical necessity; and

28 (d) Exploration of common strategies for disease management and  
29 demand management programs, including asthma, diabetes, heart disease,  
30 and similar common chronic diseases. Strategies to be explored include  
31 individual asthma management plans.

32 (2) The administrator may invite health care provider  
33 organizations, carriers, other health care purchasers, and consumers to  
34 participate in efforts undertaken under this section.

35 (3) For the purposes of this section "best available scientific and  
36 medical evidence" means the best available external clinical evidence  
37 derived from systematic research.

1        NEW SECTION.   **Sec. 5.**   A new section is added to chapter 43.70 RCW  
2   to read as follows:

3        The department of health shall collect data as authorized by RCW  
4   43.70.050 regarding the prevalence of asthma, identify variations in  
5   practices of treatment of asthma, identify populations with  
6   disproportionate prevalence, and describe successful strategies for  
7   diagnosis, prevention, and treatment of asthma.

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