

SENATE BILL REPORT

SB 6223

As Passed Senate, January 25, 2008

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 & Long-Term Care: 1/14/08, 1/23/08 [DP].
Passed Senate: 1/25/08, 49-0.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass.

Signed by Senators Keiser, Chair; Franklin, Vice Chair; Pflug, Ranking Minority Member; Carrell, Fairley, Kastama, Kohl-Welles, Marr and Parlette.

Staff: Rhoda Donkin (786-7465)

Background: People with diabetes (type one or type two) can develop severely low blood glucose levels, called hypoglycemia. If the person is conscious, oral glucose in a variety of forms can be delivered to reverse the process. However, if the patient becomes unconscious or starts having a seizure, the only treatment is an injection of glucagon. Glucagon is a hormone with the opposite effect of insulin, increasing blood sugar. Many people with diabetes carry a glucagon kit, however it is up to another person to administer the injection.

Under current law, emergency medical technicians (EMTs) at the basic life support training level, are not allowed to inject patients with glucagon. An individual having severe hypoglycemia has to wait for advanced life support emergency technicians to administer the medication. In some parts of the state, both levels of EMTs are dispatched at an emergency; however, in many areas, only basic level EMTs are the first on the scene. Given that there are a number of severely diabetic individuals in the state, capacity to handle diabetic emergencies needs improvement.

Summary of Bill: All state ambulances and aid services must have glucagon emergency kits, and all emergency medical technicians may administer glucagon.

Appropriation: None.

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.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

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

Staff Summary of Public Testimony: PRO: This change is necessary to prevent a diabetic who becomes unconscious from suffering brain damage. Often basic emergency medical technicians are the first responders to cases where diabetics lapse into unconsciousness. They must be able to administer life-saving glucagon. This is especially important in populations where there is a high percentage of people with diabetes.

OTHER: Nothing in this bill addresses the need for training or the cost of requiring these kits in emergency vehicles. Glucagon is serious medicine and it should be acknowledged that extra training is required.

Persons Testifying: PRO: David Charney, M.D.; Michael Moran, Hoh, Samish, Umatilla Tribes; Laura Thelander, American Diabetes Association; Melanie Stewart, Eli Lilly & Co.

OTHER: Susie Tracy, Washington State Medical Association.