

# HOUSE BILL REPORT

## HB 1528

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**As Reported by House Committee On:**  
Health Care & Wellness

**Title:** An act relating to authorized health care providers prescribing epinephrine autoinjectors in the name of authorized entities.

**Brief Description:** Allowing authorized health care providers to prescribe epinephrine autoinjectors.

**Sponsors:** Representatives Robinson, Riccelli, Rodne, Magendanz, DeBolt, Harris, Clibborn, Stanford, Caldier, Tharinger, Kagi and Wylie.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 1/22/16, 1/29/16 [DPS].

**Brief Summary of Substitute Bill**

- Authorizes health care providers to prescribe epinephrine autoinjectors in the name of an authorized entity.
- Requires authorized entities with a prescription for an epinephrine autoinjector to follow certain training, storage, maintenance, and use requirements.
- Allows a trained employee or agent of an authorized entity to provide and administer an epinephrine autoinjector to a person believed to be experiencing anaphylaxis.

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**HOUSE COMMITTEE ON HEALTH CARE & WELLNESS**

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Cody, Chair; Schmick, Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Short, Tharinger and Van De Wege.

**Staff:** Kelly Holler (786-7290) and Chris Blake (786-7392).

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*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.*

## **Background:**

Epinephrine is a medication used to treat anaphylactic reactions or sudden, life-threatening allergic reactions. Anaphylactic shock is a serious allergic reaction that is rapid in onset and may cause death. It typically causes a number of symptoms including an itchy rash, throat swelling, breathing problems, and low blood pressure. Common causes of an anaphylactic reaction include insect bites or stings, foods, and medications.

An epinephrine autoinjector is a medical device used most frequently for the treatment of acute allergic reactions to avoid or treat the onset of anaphylactic shock. These medical devices deliver a single, measured dose of epinephrine, also known as adrenaline, using a spring-loaded needle injected into a recipient's muscle.

In 2013 the Legislature authorized epinephrine autoinjectors to be placed on school property and used by the school nurse or a designated trained school employee to respond to an anaphylactic reaction by a student.

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## **Summary of Substitute Bill:**

### Permission to Prescribe, Store, and Use Epinephrine Autoinjectors.

An authorized health care provider (provider) may prescribe epinephrine autoinjectors in the name of an authorized entity (entity), and a pharmacist, advanced registered nurse practitioner, or physician may dispense such a prescription.

Authorized entities are organizations at which allergens capable of causing anaphylaxis may be present, including restaurants, sports arenas, colleges, universities, and recreation camps. Pursuant to a valid prescription, an entity may maintain a supply of epinephrine autoinjectors stored in a location accessible in an emergency and consistent with the medication's instructions for use and rules set by the Department of Health (DOH).

Trained employees or agents of the authorized entity are responsible for storing, maintaining, and overseeing the use of epinephrine autoinjectors. Trained individuals may provide or administer an epinephrine autoinjector to any individual who the employee, agent, or other individual believes in good faith is experiencing anaphylaxis.

### Training.

Prior to providing or administering an epinephrine autoinjector prescribed to an entity, an individual must complete an online or in-person training program approved by DOH or conducted by a nationally recognized organization experienced in training laypersons in emergency medical treatment. The training must cover identification of symptoms of severe allergic reactions including anaphylaxis, best practices and procedures for storage and administration of an epinephrine auto injector, and emergency follow-up procedures. Upon completion of training, individuals must receive a certificate on a form developed or approved by the DOH.

### Incident Reports.

Each time an entity's epinephrine autoinjector is used, the entity must submit an incident report to the DOH on a form that the agency develops. Annually, the DOH must publish a report that summarizes and analyzes the incident reports received during the reporting period.

Liability.

Individuals or entities prescribing, providing, or administering an epinephrine autoinjector for an authorized entity are not liable for any injuries or damages that result from administration or failure to administer the medication unless such acts or omissions constitute gross negligence or willful or wonton conduct.

**Substitute Bill Compared to Original Bill:**

Advanced registered nurse practitioners are authorized to dispense epinephrine autoinjectors along with the physicians and pharmacists who are authorized to dispense the devices in the underlying bill. In addition, untrained individuals are not authorized to administer an entity's epinephrine autoinjectors. Furthermore, schools are removed from the definition of authorized entity, while colleges and universities are added to the examples of entities authorized to obtain a prescription for epinephrine autoinjectors. Lastly, the substitute bill clarifies that authorized entities must only report incidents to the DOH that involve the authorized entity's epinephrine autoinjectors.

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**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) More people than ever are developing severe allergies. This bill expands first aid that lay people may provide. Just as lay people are trained in cardiopulmonary resuscitation and the use of defibrillators, lay people can be trained in the use of epinephrine autoinjectors. By allowing entities to opt-in to this voluntary program, the bill expands availability of medical devices to treat life-threatening allergic reactions.

There is a concern that epinephrine autoinjectors have been overprescribed and overused. However, negative reactions resulting from use of this device are not nearly as bad as failing to use the device when it is needed. It is better to err on the side of giving an injection because failing to give the injection when it is needed can result in death, whereas giving the injection when it is not needed merely results in discomfort. In addition, training is detailed such that a person employed by an authorized entity will only use epinephrine autoinjector when it is likely needed.

This is the third time this issue has been before the legislative body. Nineteen states have already passed this or other similar legislation. This is the natural next step to recent

Washington state legislation allowing schools to get a prescription for epinephrine autoinjectors and use them in an emergency.

Part of the cost associated with the bill would be DOH overseeing the training of employees of authorized entities, including identifying nationally recognized training organizations. The state is not paying for the training. Instead, the entity would be responsible for that.

(Opposed) None.

**Persons Testifying:** Representative Robinson, prime sponsor and Dave Mastin, Mylan Incorporated.

**Persons Signed In To Testify But Not Testifying:** None.