

# HOUSE BILL REPORT

## ESHB 1608

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### As Passed Legislature

**Title:** An act relating to expanding access to anaphylaxis medications in schools.

**Brief Description:** Expanding access to anaphylaxis medications in schools.

**Sponsors:** House Committee on Education (originally sponsored by Representatives Bronoske, Simmons, Duerr, Ramel, Wylie, Paul, Jacobsen, Macri, Kloba, Leavitt and Reed).

### Brief History:

#### Committee Activity:

Education: 1/11/24, 1/18/24 [DPS].

#### Floor Activity:

Passed House: 1/25/24, 93-0.

Passed Senate: 2/29/24, 46-0.

Passed Legislature.

### Brief Summary of Engrossed Substitute Bill

- Requires the Secretary of Health or the Secretary's designee to issue a statewide standing order prescribing epinephrine and epinephrine autoinjectors to any school district or school for use by a school nurse or other designated trained school personnel.
- Permits school districts and private schools to maintain a supply of epinephrine and epinephrine autoinjectors (rather than only epinephrine autoinjectors).
- Includes additional changes related to permitting the use of both epinephrine and epinephrine autoinjectors in schools and sanctioned excursions.

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### HOUSE COMMITTEE ON EDUCATION

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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 part of the legislation nor does it constitute a statement of legislative intent.*

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 14 members: Representatives Santos, Chair; Shavers, Vice Chair; Rude, Ranking Minority Member; McEntire, Assistant Ranking Minority Member; Bergquist, Couture, Harris, McClintock, Nance, Ortiz-Self, Pollet, Steele, Stonier and Timmons.

**Staff:** Ethan Moreno (786-7386).

**Background:**

Anaphylaxis Guidelines for Students.

The Office of the Superintendent of Public Instruction (OSPI) adopted guidelines for the care of students with anaphylaxis, a severe, life-threatening, systemic allergic reaction requiring immediate medical treatment and follow-up care. The guidelines, which were created in 2009 and revised in 2021, indicate that food is the leading cause of anaphylaxis in children. The guidelines indicate also that deaths have occurred in schools because of delays in recognizing and responding to symptoms with immediate treatment and further medical interventions.

Epinephrine and Requirements for Schools.

Epinephrine, which can be administered intramuscularly in a fixed dose through an autoinjector, is used for the first-aid treatment of anaphylaxis. The American Academy of Pediatrics indicates that prompt prehospital epinephrine injection is associated with a lower risk of hospitalization and fatality.

A qualified and licensed health professional may prescribe epinephrine autoinjectors (autoinjectors) in the name of the school or district for use when necessary. The prescriptions must be accompanied by a standing order for the administration of school-supplied, undesignated autoinjectors for potentially life-threatening allergic reactions.

School districts and private schools may maintain a supply of autoinjectors based on the number of students enrolled in the school. Autoinjectors may be obtained from donation sources but must be accompanied by a prescription.

The requirements and protocols governing responses to anaphylactic reactions of students differ depending on whether the student has a prescription for an autoinjector on file, but in either case the school nurse may utilize the school or district supply of autoinjectors to respond to the reaction.

Autoinjectors may be used on school property, including the school building, playground, and school bus, and during field trips or sanctioned excursions away from school property. The school nurse or designated, trained school personnel may carry an appropriate supply of school-owned autoinjectors on field trips or excursions.

Civil and criminal liability immunity is provided to school personnel and governing boards

in accordance with the provision of epinephrine to a student. The immunity applies if a school nurse or other school employee administers epinephrine prescribed by a qualified licensed health professional to a student in substantial compliance with a student's prescription and according to written policies of the school district or private school.

Secretary of Health.

The Secretary of Health (Secretary) is the director of the Department of Health and has various public health and vital statistics duties prescribed in law, including enforcing public health laws, investigating outbreaks and epidemics of disease, taking measures to promote public health, and licensing health care providers and facilities. The Secretary or the Secretary's designee also issues standing orders (formal written instructions for specific areas or statewide) related to public health, with recent examples pertaining to administering COVID-19 vaccinations and prescribing opioid overdose reversal medications.

**Summary of Engrossed Substitute Bill:**

The Secretary of Health (Secretary) or the Secretary's designee, in accordance with proper prescriptive authority and the exercise of sound professional judgment, must issue a statewide standing order prescribing epinephrine and epinephrine autoinjectors (autoinjectors) to any school district or school for use by a school nurse or other designated trained school personnel for any student or individual experiencing anaphylaxis on school property, a school bus, a field trip, or designated school activity.

School districts and private schools are authorized to maintain a supply of epinephrine and autoinjectors (rather than only autoinjectors). Requirements governing the use of autoinjectors for students are modified to permit the use of both epinephrine and autoinjectors in schools and sanctioned excursions.

Liability immunities for school personnel and governing boards that apply when epinephrine is administered to a student through a prescription from a qualified, licensed health professional are extended to include prescriptions made in accordance with a statewide standing order of the Secretary of Health or the Secretary's designee.

Provisions directing the Office of the Superintendent of Public Instruction to review anaphylaxis policy guidelines and make related recommendations to the Legislature by December 1, 2013, are repealed.

**Appropriation:** None.

**Fiscal Note:** Available.

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

## **Staff Summary of Public Testimony:**

(In support) A school district called 911 for a student who developed an anaphylactic reaction after being stung by a bee. The student's school did not have access to an EpiPen for the student. This bill is intended to increase access to epinephrine in schools. Autoinjectors are \$450, but vials of epinephrine can be purchased for about \$25 each. Schools should be able to administer epinephrine to any student having a reaction through a standing order and should be able to maintain vial supplies of epinephrine.

The responses that students diagnosed with anaphylaxis can have will vary. Students do not always have EpiPens with them when they have a reaction. School nurses have requested local standing orders to administer epinephrine, but the orders have not been issued. Emergency calls to 911 have helped, but there is fear about students having a reaction without the needed medication.

Some school districts cannot find a local provider to issue standing order for epinephrine, but dozens of anaphylactic reactions have occurred in undiagnosed children. Schools need the tools to respond to emergency and unexpected circumstances. There is precedent for the issuance of a standing order, the standing order for Narcan.

Student anaphylactic reactions can be severe and unexpected. EpiPens are not easy to administer, but they are lifesaving. EpiPens and anaphylactic medications save lives.

School nurses have used stock supplies of epinephrine to treat undiagnosed students and staff. Without signed physician orders, schools cannot maintain a sufficient stock supply.

(Opposed) None.

**Persons Testifying:** Representative Dan Bronoske, prime sponsor; Liz Pray, Taylor Mason, and Krissa Cramer, School Nurse Organization of Washington; and Sebrena Burr, Seattle Council Parent Teacher Student Association.

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