

SUBJECT: Requiring anaphylaxis treatment provided by emergency medical services

COMMITTEE: Public Health — committee substitute recommended

VOTE: 7 ayes — Delisi, Laubenberg, Cohen, Coleman, Gonzales, Olivo, Truitt

1 present not voting — Jackson

1 absent — S. King

WITNESSES: For — Greg Herzog, Texas Medical Association; Francey Westinghouse

Against — (*Registered, but did not testify*: GK Sprinkle, Texas Ambulance Association)

On — Maxie Bishop, Department of State Health Services

BACKGROUND: Epinephrine is a hormone used to treat severe allergic reactions. Health and Safety Code, sec. 773.014 allows emergency medical services (EMS) personnel to carry and administer an epinephrine auto-injector device to treat anaphylaxis, a severe allergic reaction, only if person administering the epinephrine is certified as an emergency medical technician or higher and has successfully completed a training course on the use of that device.

DIGEST: CSHB 2827 would amend Health and Safety Code, sec. 773.050, which sets minimum standards for EMS personnel, to require each EMS vehicle to be equipped with an epinephrine auto-injector or similar device to treat anaphylaxis. EMS personnel also would be required to complete continuing education training in the administration of anaphylaxis treatment.

The bill would amend Health and Safety Code, sec. 773.014 to no longer limit the administration of epinephrine auto-injector devices to EMS personnel certified as emergency medical technicians or higher. Before being allowed to administer an epinephrine auto-injector device, EMS personnel would have to complete a Department of State Health Services (DSHS)-approved training course on the use of the device consistent with the national standard training curriculum for EMS technicians.

CSHB 2827 also would vest a medical director for an EMS system with the ability to limit who could administer epinephrine. Qualified personnel could be limited only through a delegated practice agreement or the adoption of policies governing the use of the anaphylaxis devices by personnel.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2007.

**SUPPORTERS
SAY:**

CSHB 2827 would save lives by helping to ensure that EMS units had the tools and qualified personnel to effectively treat people experiencing severe allergic reactions. Under current law, EMS vehicles are not required to carry epinephrine auto-injectors, and only personnel certified as emergency medical technicians or higher may administer such devices. This decreases the likelihood of the proper tools and trained personnel being available during the critical period when a person in anaphylactic shock desperately needs treatment.

By no longer restricting the ability to administer epinephrine injections to emergency medical technicians and more highly qualified EMS personnel, the bill would be especially helpful in jurisdictions where emergency medical technicians are scarce. In addition, CSHB 2827 still would require that EMS personnel receive proper, DSHS-approved training to use the device. The bill would enable this critical and relatively inexpensive tool to be available and of use to EMS personnel and the patients who depend on their life-saving interventions.

**OPPONENTS
SAY:**

While the bill is intended to save lives, it actually could place people in danger by reducing the certification requirements for EMS personnel who could administer epinephrine injections. An epinephrine shot under the wrong circumstances could be fatal, and this duty should be performed only by certified emergency medical technicians or more highly trained personnel.

In addition, CSHB 2827 would require ordinary EMS personnel to perform additional duties that require more training. EMS services already are short on funds, and the unfunded requirements of this bill only would make the situation worse.

NOTES: The substitute differs from the original in that the substitute that would authorize a medical director for an EMS system to restrict the use and administration of epinephrine auto-injector devices.