

SUBJECT: Ability of pharmacists to administer epinephrine

COMMITTEE: Public Health — committee substitute recommended

VOTE: 10 ayes — Crossover, Naishtat, Blanco, Coleman, S. Davis, Guerra, R. Miller, Sheffield, Zedler, Zerwas

0 nays

1 absent — Collier

WITNESSES: For — Charlotte Weller and Anjanette Wyatt, Texas Pharmacy Association; Carole Hardin-Oliver; (*Registered, but did not testify*: Nario Rene Cantu, Alliance of Independent Pharmacists, Texas Pharmacy Association; Audra Conwell and Jennifer Yoakum, Alliance of Independent Pharmacists; Dennis Wiesner, HEB; Bruce Biundo, PCCA; John Heal, Pharmacy Buying Association DBA Texas TrueCare Pharmacies; Rebecca Waldrop, Sanofi; Julie Spier and Bradford Shields, Texas Federation of Drug Stores; Duane Galligher, Texas Independent Pharmacies Association; Dan Finch, Texas Medical Association; Linda McMahan, Justin Fancher, Carter High, Brom Hoban, Justin Hudman, Steven Maddox, Robert Mayes, Carol Reagan, David Spence, and Damita Wyatt, Texas Pharmacy Association; Rene Garza, Texas Pharmacy Association, Alliance of Independent Pharmacists of Texas; Deanna L. Kuykendall, Texas Trial Lawyers Association; Alexandria Ybarra, Texas Tech University Health Sciences Center, American Pharmacists Association-Academy of Student Pharmacists, Texas Pharmacy Association; Neal Simon, Texas Tech University Health Sciences Center School of Pharmacy, Texas Pharmacy Association; Delilah Blanco, Texas Tech University Health Sciences Center School of Pharmacy, American Pharmacists Association-Academy of Student Pharmacists, Texas Pharmacy Association; and 23 individuals)

Against — (*Registered, but did not testify*: Daniel Leeman)

On — (*Registered, but did not testify*: Gay Dodson, Texas State Board of

Pharmacy)

BACKGROUND: Epinephrine is a medication used to treat life-threatening allergic reactions, also known as anaphylaxis. Common epinephrine auto-injector devices include brands such as Adrenaclick, Auvi-Q, and EpiPen.

DIGEST: CSHB 1550 would allow a pharmacist to administer epinephrine through an auto-injector device to a patient in an emergency situation, according to rules that the Texas State Board of Pharmacy would adopt under the bill.

The rules would provide that a pharmacist could administer epinephrine through an auto-injector device and could maintain, administer, and dispose of these devices according to the board's rules. The bill would require a pharmacist who administered epinephrine through an auto-injector device to report the use of the device to the patient's primary care physician if the patient had a primary care physician.

A pharmacist would not be liable for civil damages for administering epinephrine in good faith under the requirements of the bill unless the pharmacist's act was willfully or wantonly negligent. Under the requirements of the bill, administering epinephrine through an auto-injector device would not constitute the unlawful practice of any health care profession.

The bill would prohibit a pharmacist from receiving payment for the administration of epinephrine but would allow a pharmacist to seek reimbursement for the cost of the device itself.

The bill would take effect September 1, 2015.

The Texas State Board of Pharmacy would have to adopt rules governing the bill by January 1, 2016. Until then, a pharmacist could administer epinephrine through an auto-injector device as allowed by law in effect before September 1, 2015.

SUPPORTERS CSHB 1550 would improve public safety and potentially save lives by

SAY: allowing pharmacists to administer an epinephrine auto-injector to a patient in an emergency situation. The bill also would ensure that a pharmacist who had the ability and means to save someone's life was not restricted because of the law.

Pharmacists are among the most accessible health care providers, especially in emergency situations, and have the education and training necessary to administer epinephrine in an emergency. Epinephrine auto-injectors typically are designed for patients to administer themselves with little training, and the bill would allow pharmacists to administer the medication in an emergency as well. CSHB 1550 would not require a patient to pay the pharmacist a fee for administering the medication, which would minimize the financial cost to the patient.

The bill also would ensure that the patient's physician could monitor the patient in case of any adverse reaction to the drug by requiring a pharmacist to notify the patient's physician after administering the epinephrine. When a patient is going into anaphylactic shock, administration of epinephrine is very time sensitive — the patient cannot wait for a doctor's appointment. The bill would address the urgency of the situation by allowing a pharmacist, who is a health care professional with extensive training in drug interaction, to provide the medication. Additionally, the bill is permissive, so it would not require a pharmacist to administer epinephrine, only allow a pharmacist to do so if needed.

OPPONENTS SAY: Epinephrine can be cardiotoxic. For this reason, it should not be administered by a pharmacist but instead by a doctor in a doctor's office or by someone who can respond to cardiotoxicity.

NOTES: The companion bill, SB 1361 by Kolkhorst, was referred to the Senate Health and Human Services Committee on March 18.