

SUBJECT: Permitting schools to maintain, administer epinephrine auto-injectors

COMMITTEE: Public Education — committee substitute recommended

VOTE: 8 ayes — Aycock, Bohac, Deshotel, Dutton, Farney, Galindo, González, K. King

0 nays

3 absent — Allen, Huberty, VanDeaver

WITNESSES: For — Bruce Lott, Mylan; Louise Bethea, Texas Allergy Society; Francis Luna, Texas School Nurses Organization (*Registered, but did not testify*: John Hubbard, Coalition for Nurses in Advanced Practice; Fred Shannon, National Safety Council; Dwight Harris, Texas American Federation of Teachers; Barry Haenisch, Texas Association of Community Schools; Casey McCreary, Texas Association of School Administrators; Bradford Shields, Texas Federation of Drug Stores; Troy Alexander, Texas Medical Association; Andrew Cates, Texas Nurses Association; Clayton Travis, Texas Pediatric Society; Kyle Ward, Texas PTA; Colby Nichols, Texas Rural Education Association; Grover Campbell, Texas Association of School Boards; Casey Smith, United Ways of Texas)

Against — None

On — (*Registered, but did not testify*: Anita Wheeler, Department of State Health Services; Nichole Bunker-Henderson, Von Byer, Texas Education Agency)

BACKGROUND: Education Code, sec. 38.0151 requires school boards or governing bodies in each school district or open-enrollment charter school to develop and administer policies for the care of students at risk for anaphylaxis. Policies developed under the statute may not require schools to purchase or administer anaphylaxis medication such as epinephrine auto-injectors, which typically may only be prescribed to individuals with a known risk of anaphylaxis.

DIGEST:

CSHB 2847 would allow school districts and open-enrollment charter schools to develop policies for having a supply of epinephrine auto-injectors available on their campuses and at school events to any individuals reasonably believed to be experiencing anaphylaxis, regardless of whether the individuals have a prescription for the device. The bill would provide for certain training, storage, reporting, and notice requirements, and would offer protection from liability to individuals involved in administering epinephrine auto-injectors under the bill.

Under the bill, school districts and charter schools would be able to choose whether or not to implement a policy of having the auto-injectors available. Schools that wished to do so would be required to develop specific policies for the maintenance, administration, and disposal of epinephrine auto-injectors at each campus, including:

- allowing authorized and trained school personnel and school volunteers to administer the epinephrine on campus, at off-campus events, or in transit to off-campus events;
- having at least one person available on campus at all times during operating hours who is trained in and authorized to administer epinephrine auto-injectors; and
- securing stores of epinephrine auto-injectors in a location that is easily accessible to authorized and trained individuals.

Individuals authorized to administer the epinephrine auto-injectors would be required to undergo an annual training either in either a formal setting or online. Schools that elected to have the auto-injectors available for use would be required to notify parents before implementing such a policy and to provide notice before the start of each school year.

The bill would require the commissioner of the Department of State Health Services to consult with the commissioner of education and an advisory committee composed mainly of physicians with expertise in treating anaphylaxis to develop rules regarding the maintenance, administration, and disposal of epinephrine auto-injectors on school

campuses. The bill would specify the duties and powers of the committee, including developing guidelines for the number of epinephrine injectors to have on each campus, and the amount of training required for individuals authorized to administer the auto-injectors.

The bill would permit a physician or someone delegated to prescribe an epinephrine auto-injector under Occupations Code, sec. 157.001 to prescribe standing orders of epinephrine auto-injectors to school districts and open-enrollment charter schools without requiring an established doctor-patient relationship. Pharmacists also would be permitted to dispense epinephrine auto-injectors to school districts or charter schools without requiring a name or other identifying information related to a user.

In instances where an epinephrine injector was used, the bill would mandate a report within 10 business days to the school district, prescribing physician, and commissioners of health and education outlining certain information about the incident, such as the number of doses administered. The bill would provide immunity from liability for any person who in good faith takes or fails to take any action related to school epinephrine auto-injectors as permitted by the bill, including administering the auto-injector, maintaining the auto-injectors, or undertaking any other act permitted or required under the bill.

The bill would exempt school districts or open-enrollment charter schools that elect to maintain, administer, or dispose of epinephrine auto-injectors from the requirements of Education Code, sec. 38.0151 regarding established policies for the care of students at risk for anaphylaxis. The provisions of the bill would apply beginning with the 2015-2016 school year.

This 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, 2015.