

Legislative Analysis



EPINEPHRINE USE IN SCHOOLS

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House Bill 5087 as enrolled
Public Act 73 of 2004
Sponsor: Rep. Marc Shulman

House Committee: Family and Children Services
Senate Committee: Education

Second Analysis (5-7-04)

BRIEF SUMMARY: The bill would amend the Revised School Code to permit a student to possess and use an epinephrine auto-injector or epinephrine inhaler to treat anaphylaxis.

FISCAL IMPACT: The bill would have no fiscal impact on the state or local units of government.

THE APPARENT PROBLEM:

Some people are so allergic to certain insect bites, foods, substances, or medications that they suffer life-threatening anaphylaxis reactions. Anaphylaxis is a severe allergic reaction that can range from mild to life-threatening with symptoms that include itchy hives; swelling of the lips, tongue, or eyes; throat swelling; nausea and vomiting; and wheezing and difficulty breathing. According to information supplied by the Anaphylaxis and Food Allergy Association of Minnesota, more than 84,000 people each year are treated in emergency rooms for anaphylactic shock. About 800 of these die.

When a person goes into an anaphylaxis reaction, minutes matter. Swelling of the airways and other central nervous system reactions can cause death in a short amount of time. The only treatment for anaphylaxis is to administer a drug called epinephrine.

Those who know they are allergic to, say, bee stings or peanuts, try to avoid the allergen and often carry a device called an Epi-pen to self-administer a dose of the medicine when needed. However, Epi-pens sometimes get forgotten or don't work properly or a person may need an additional dose. Also, the majority of reactions are first-time occurrences (some hospitals estimate at least 70 percent of anaphylactic shock incidents are first-time events), meaning that the person did not know he or she was so severely allergic to the substance. Obviously, many of the victims are children who suffer a reaction the first time they are exposed to peanut butter, milk, eggs, penicillin, or other substances.

Public Act 10 of 2000 amended the Revised School Code to permit students to possess and use an inhaler to alleviate or prevent asthmatic symptoms while at school or school-sponsored activities and programs. Until the enactment of Public Act 10, the ability of asthmatic students to possess an inhaler varied among school districts. However, given the prevalence of asthma in students and the impact the condition has on students' attendance and performance in school, it seemed logical to allow asthmatic students to

possess and use inhalers, within certain restrictions. It has been suggested that the Revised School Code be amended in a similar manner to allow students to possess and use epinephrine injections to treat anaphylaxis, particularly considering the dangers of anaphylactic shock and the necessity for timely administration of medication.

THE CONTENT OF THE BILL:

Under the Revised School Code, a student of a public or nonpublic school may possess and use a metered dose inhaler or a dry powder inhaler to alleviate or prevent the onset of asthmatic symptoms while in school, on school-sponsored transportation, or at any activity sponsored by or in which the student's school is participating, provided certain conditions are met.

The bill would similarly permit a student to possess and use an epinephrine auto-injector or epinephrine inhaler to treat anaphylaxis.

In addition, a school would have to have a written emergency care plan on file for a student carrying an epinephrine injector or inhaler or an asthma inhaler. The plan would have to contain specific instructions for the student's needs, be prepared by a state-licensed physician in collaboration with the student and his or her parent or legal guardian, and be updated as necessary for changing circumstances.

MCL 380.1179

BACKGROUND INFORMATION:

According to the Allergy Prevention Center, nine states currently allow students to possess both inhalers and epinephrine auto-injectors [New Jersey, Maryland, Louisiana, Georgia, Illinois, Kentucky, Indiana, Iowa, New Hampshire]. In addition, Michigan is one of 11 other states that permit students to possess asthma inhalers but not epinephrine auto-injectors [New York, Florida, Texas, Ohio, Michigan, Oregon, Minnesota, Missouri, Virginia, Rhode Island, Delaware].

Also, pending before Congress is H.R. 2023, introduced by Rep. Cliff Stearns (R-FL). The bill would create the Asthmatic Schoolchildren's Treatment and Health Management Act to require the Secretary of Health and Human Service to grant preference when providing asthma-related grants to state and local educational agencies that are located in states that require elementary and secondary schools in the state to permit students to possess and self-administer medication to treat asthma or anaphylaxis.

Earlier this session, the legislature passed, and Governor Granholm signed into law, Public Act 233 of 2003 (enrolled House Bill 4518). The act, originally introduced by Rep. Paul Gielegem, amended the Public Health Code to require local medical control authorities to develop a protocol to ensure that each life support agency (ambulance operation, nontransport prehospital life support operation, aircraft transport operation, or medical first response service) that provides basic life support, limited advanced life support, or advanced life support is equipped with epinephrine or epinephrine auto-

injectors (known as Epi-pens). The act also requires emergency services personnel authorized to provide those services to be properly trained to recognize an anaphylactic reaction, to administer the epinephrine, and to dispose of the auto-injector or vial.

ARGUMENTS:

For:

The bill is necessary to ensure the health and safety of students. When a student goes into anaphylactic shock, time is of the essence. Now, a student's ability to access his or her medication varies among schools and school districts. In some instances, the medication follows the student from class to class. In other cases the medication may be stored in the teacher's desk. In other cases, the medication may be locked in a drawer in the office of the principal, school nurse, or secretary. When students do not have immediate access to their medication, there is a high risk of death. During committee testimony, several parents testified that when their child had an allergic reaction, the child had to go to the office and wait for the secretary or other administrator to unlock the cabinet where other medications are stored and search for the medication. If a child has an allergic reaction at lunch in the cafeteria, what is that child to do when he or she goes to the office and finds no one there to get the medication?

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