

## EPINEPHRINE USE IN SCHOOLS

### House Bill 5087 with committee amendment First Analysis (1-23-04)

**Sponsor: Rep. Marc Shulman**  
**Committee: Family and Children  
Services**

#### ***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.

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 Gielegghem, 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.

### ***FISCAL IMPLICATIONS:***

The House Fiscal Agency notes that the bill would have no fiscal impact on the state or local units of government. (1-22-04)

### ***SUGGESTED AMENDMENTS:***

The Michigan Association of School Nurses has suggested the following three friendly amendments to the bill that it believes would enhance the intent and effectiveness of the legislation:

- Within 1179(2) add subsection (c) to state that the pupil has a written, individualized health care plan developed and on file at the school.
- Amend 1179(4) to state that a school district “shall recommend” (rather than “may request”) a pupil’s parent or legal guardian to provide an extra inhaler or epinephrine auto-injector.
- Within 1179(6) add subsection (c) to define “individualized health care plan” to mean a plan developed by a registered nurse and/or licensed health care provider in collaboration with the student, the student’s parents, and school personnel to identify the student’s health care needs and adaptations required at school and to determine service delivery in compliance with the Public Health Code.

### ***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?

### ***POSITIONS:***

The Department of Education indicated support for the bill. (1-21-04)

The American Red Cross indicated support the bill. (1-21-04)

The Michigan Council for Maternal and Child Health indicated support the bill with the suggested amendments. (1-21-04)

The University of Michigan Food Allergy Service indicated that it supports the bill. (1-21-04)

The Michigan Association of School Nurses indicated that it supports the bill with its proposed amendments. (1-21-04)

The Allergy & Asthma Network Mothers of Asthmatics (AANMA) indicated that it supports the bill. (1-21-04)

The Food Allergy and Anaphylaxis Network (FAAN) indicated that it supports the bill. (1-21-04)

Analyst: M. Wolf

■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.