



Senate Fiscal Agency  
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BILL ANALYSIS

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Senate Bill 335 (Substitute S-2 as passed by the Senate)  
Sponsor: Senator Gilda Z. Jacobs  
Committee: Health Policy

Date Completed: 6-7-05

### **RATIONALE**

Some people experience severe and even life-threatening allergic reactions, known as anaphylaxis, to insect bites and stings, medication, food, and other substances. Symptoms can include hives; swelling of the lips, tongue, eyes, or throat; nausea and vomiting; and difficulty breathing. If a person knows that he or she is allergic to something, he or she can try to avoid contact with the allergen or carry an epinephrine auto-injector, or Epi-pen, in case it is needed. Public Act 73 of 2004 amended the Revised School Code to allow a student to possess and use an epinephrine auto-injector or epinephrine inhaler at school to treat anaphylaxis.

Several years earlier, Public Act 10 of 2000 amended the Revised School Code to allow a student to possess and use an inhaler in school to alleviate asthmatic symptoms or prevent the onset of those symptoms. Asthma is a chronic disorder characterized by a tightness in the chest, shortness of breath, and a suffocating feeling in people who suffer from the disease. To control acute asthma attacks, children who have it take a variety of medications, including medicine that is administered through an inhaler device.

It has been suggested that children attending day camps also should be permitted to possess and use an epinephrine auto-injector or inhaler to treat anaphylaxis, or an inhaler to treat the symptoms of asthma.

### **CONTENT**

**The bill would amend the child care licensing Act to allow a child to possess**

**and use a metered dose or dry powder inhaler, or an epinephrine auto-injector or inhaler at a children's camp.**

Under the bill, if certain conditions (described below) were met, notwithstanding any children's camp policy to the contrary, a minor child could possess and use any of the following at the camp, on camp-sponsored transportation, or at any activity, event, or program sponsored by the camp or in which the child was participating:

- A metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms or for use before exercise to prevent the onset of asthmatic symptoms.
- An epinephrine auto-injector or epinephrine inhaler to treat anaphylaxis.

A minor child could possess and use the devices only if all of the following conditions were met:

- The child had written approval to possess and use the inhaler or auto-injector from his or her physician or other health care provider authorized by law to prescribe an inhaler or epinephrine auto-injector and from the child's parent or legal guardian.
- The director or other chief administrator of the camp had received a copy of the written approval.
- There was on file at the camp a written emergency care plan that contained specific instructions for the child's needs, that was prepared by a physician licensed in Michigan in collaboration with the child and his or her parent or legal guardian, and that was updated as necessary for changing circumstances.

A children's camp or an owner, director, or employee would not be liable for damages in a civil action for injury, death, or loss to person or property allegedly arising from either of the following:

- A camp employee's having prohibited a child from using an inhaler or auto-injector because the specified conditions had not been satisfied.
- A camp employee's having permitted a child to use or possess an inhaler or auto-injector because the prescribed conditions had been satisfied.

The bill specifies that this provision would not eliminate, limit, or reduce any other immunity or defense that a camp or an owner, director, or employee could have under other State law.

A camp could request that a child's parent provide an extra inhaler or auto-injector to designated camp personnel for use in case of emergency. A parent or legal guardian, however, could not be required to do so.

A director or other chief administrator of a camp who was aware that a child possessed an inhaler or epinephrine auto-injector as authorized under the bill would have to notify each camp employee who supervised the child of that fact and the bill's provisions.

Proposed MCL 722.117a

## **ARGUMENTS**

*(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)*

### **Supporting Argument**

The bill would ensure the health and safety of children at day camps. When a child goes into anaphylactic shock or experiences asthmatic symptoms, time is of the essence. Currently, at a camp, the child's medication may be stored with camp personnel or in an office. When a child does not have immediate access to his or her medication, there is a high risk of death. Public Acts 10 of 2000 and 73 of 2004 were passed in response to incidents in which delays in the provision of appropriate medication precipitated fatal asthma episodes and allergic reactions in school settings.

Self-management of asthma and allergies is an accepted part of treatment protocol today for children, and their ability to possess and use inhalers and auto-injectors is an integral part of self-management plans for these children. The quick-relief measured-dose inhalers and Epi-pens customarily prescribed today are very safe and have few side effects.

The bill would help save lives while limiting the liability of camp employees who permitted, or did not permit, a child to use an inhaler or Epi-pen because the bill's requirements had or had not been met.

Legislative Analyst: Julie Koval

## **FISCAL IMPACT**

The bill would have no fiscal impact on State or local government.

Fiscal Analyst: Constance Cole

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.