

**REVENUE: No revenue impact**

**FISCAL: Minimal fiscal impact, no statement issued**

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<b>Action:</b>	Do Pass as Amended and Be Printed Engrossed
<b>Vote:</b>	9 - 0 - 0
<b>Yeas:</b>	Fagan, Gomberg, Gorsek, Huffman, Parrish, Reardon, Sprenger, Whisnant, Gelser
<b>Nays:</b>	0
<b>Exc.:</b>	0
<b>Prepared By:</b>	Rick Berkobien, Administrator
<b>Meeting Dates:</b>	4/5, 4/17

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**WHAT THE MEASURE DOES:** Requires school district boards to allow bronchodilators or autoinjectable epinephrine prescribed by student’s healthcare professional for asthma or severe allergies to be kept in school or, if requested by a parent/guardian, in the child’s classroom. Requires school district boards to ensure that appropriate number of school district personnel receive training in how to administer autoinjectable epinephrine. Directs State Board of Education to establish by rule the number of school personnel to receive training. Requires backup medication, if provided by parent, be kept in student’s classroom if: 1) it is auto-injectable epinephrine; 2) can be stored in a secure location that cannot be accessed by other students; and 3) student’s parent requests in writing that it be kept in student’s classroom. Prohibits board from requiring untrained school personnel from administering medication if student with severe allergy is unable to self-administer. Exempts school personnel from civil and criminal liability for administering medication to a student: 1) if assisting a student self-administer if the medication is available pursuant to written permission and instructions of a parent or licensed health professional; or 2) administers medication to student who is unable to self-administer, if medication is available for student pursuant to written permission and instruction of a parent or licensed health professional. Establishes board and member are not liable for criminal action or civil damages if: 1) any person, in good faith, administers medication to student who is unable to self-administer; 2) person administered medication at a school or district property; and 3) medication is available for the student pursuant to written permission and instructions from a parent or licensed health professional. Declares emergency, effective July 1, 2013.

**ISSUES DISCUSSED:**

- Whether school could override doctor’s note
- Challenges faced by children with severe allergies
- Purpose of amendment

**EFFECT OF COMMITTEE AMENDMENT:** Replaces most of measure.

**BACKGROUND:** An epinephrine auto-injector (EpiPen) is a medical device used to deliver a measured dose (or doses) of epinephrine (also known as adrenaline) using autoinjector technology, most frequently for the treatment of acute allergic reactions to avoid or treat the onset of anaphylactic shock. Anaphylaxis is a life-threatening allergic reaction that can occur quickly (as fast as within a couple of minutes). Symptoms of a life-threatening allergic reaction (anaphylaxis) vary, but can include hives, itching, flushing, and swelling of the lips, tongue, and roof of mouth. The airway is often affected, resulting in tightness of the throat, chest tightness and difficulty breathing. These reactions can also be accompanied by chest pain, low blood pressure, dizziness and headaches. Recent studies have shown that one in 13 children in this country has a food allergy, and 40 percent of those may be at risk for a severe reaction.

The issue of EpiPens in schools received national attention last year after Ammaria Johnson, a Virginia first grader, died after going into cardiac arrest at school from experiencing a severe reaction to peanuts. Ammaria Johnson had a prescription for an EpiPen, but did not have it at school when she fell ill.

4/19/2013 3:15:00 PM

*This summary has not been adopted or officially endorsed by action of the committee.*