

---

# MEMORANDUM

Legislative Fiscal Office  
900 Court St. NE, Room H-178  
Salem, Oregon 97301  
Phone 503-986-1828  
FAX 503-373-7807

---

---

**To:** Human Services Subcommittee of the Joint Committee on Ways and Means

**From:** Kim To, Legislative Fiscal Office, 503-986-1830

**Date:** Wednesday, May 27, 2015

**Subject:** SB 875 Relating to Adrenal Insufficiency  
Work Session Recommendation

---

Senate Bill 875 requires the State Board of Education to adopt rules regarding which school personnel may administer medications that treat adrenal insufficiency to students experiencing adrenal crisis. Training of school personnel is to be conducted by the Oregon Health Authority (OHA) under the supervision of a physician or nurse practitioner. The bill permits trained individuals, who receive medication from the parent or guardian of a student with adrenal insufficiency, to administer such medications if the student is suffering an adrenal crisis in an emergency situation when a licensed health care professional is not immediately available. School Districts are only required to have school personnel trained when a parent or guardian notifies the district that a student has been diagnosed with adrenal insufficiency.

The measure previously had hearings in the Senate Committee on Education on 3/12/2015 and 4/17/2015.

The original staff measure summary and the fiscal impact statement are attached to this memo, and available on the Oregon Legislative Information System (OLIS).

## **Fiscal impact**

Costs to the Oregon Department of Education, Oregon Board of Pharmacy, and the Oregon Board of Nursing associated with rulemaking are considered to be minimal and absorbable within the existing parameters of the agencies budgets.

The Oregon Health Authority (OHA) anticipates the need for a limited-duration Public Health Educator 2 position for 6 months (0.25 FTE) to convene stakeholder meetings, establish protocols, develop training forms such as certification documents for use by the trainers and schools, as well as communicate this information to schools and trainers. This position is estimated to cost \$53,704

General Fund in the 2015-17 biennium. It is assumed that the training materials will be posted to an existing website, therefore no additional costs for printing or distribution have been included in this analysis. This amount is minimal for OHA, and any budgetary actions required for the bill can be address during the 2015-17 rebalance.

School Districts report a potential to incur increased costs, although these costs are not quantifiable at this time, associated with an increase in liability related to the administration of medications for adrenal insufficiency.

**Motion**

**Motion: Senator/Representative \_\_\_\_\_:  
I move SB 875 to the Full Committee with a “do pass” recommendation as amended.**

**Assignment of Carriers**

Full: \_\_\_\_\_

Senate: \_\_\_\_\_

House: \_\_\_\_\_

**STAFF MEASURE SUMMARY****Senate Committee On Education****Fiscal:** Fiscal impact issued**Revenue:** No Revenue Impact**Action Date:** 04/17/15**Action:** Do Pass With Amendments And Requesting Referral To Ways And Means.  
(Printed A-Engrossed.)**Meeting Dates:** 03/12, 04/17**Vote:**

Yeas: 4 - Gelser, Knopp, Kruse, Roblan

Exc: 3 - Baertschiger Jr, Beyer, Hass

**Prepared By:** Gretchen Engbring, Committee Administrator**WHAT THE MEASURE DOES:**

Requires State Board of Education (SBE) adopt rules under which school personnel may administer medications that treat adrenal insufficiency to students experiencing adrenal crises. Requires rules include guidelines on designation and training of school personnel responsible for administering medication. Specifies school district is only required to train school personnel when school district has been notified by parent or guardian that student enrolled in school of school district has been diagnosed with adrenal insufficiency. Requires training be supervised by physician or nurse practitioner. Specifies what training must include. Authorizes trained personnel to administer treatment with permission from parent or guardian if licensed health care professional is not immediately available. Defines terms. Becomes operative January 1, 2016. Declares emergency, effective on passage.

**ISSUES DISCUSSED:**

- Number of students affected by adrenal insufficiency
- Life-threatening nature of risk to student experiencing adrenal crisis
- Treatment options for student suffering adrenal crisis
- Medical implications associated with under or over medicating student experiencing adrenal crisis
- Nature of training required for school personnel to administer treatment to student experiencing adrenal crisis
- Need for available personnel at each school, athletic event, or field trip to assist student experiencing adrenal crisis
- Capacity and comfort level of school personnel administering treatment

**EFFECT OF COMMITTEE AMENDMENT:**

Requires SBE adopt rules that include guidelines on designation and training of school personnel responsible for administering medication. Specifies that school district is only required to train school personnel when school district has been notified by parent or guardian that student enrolled in school of school district has been diagnosed with adrenal insufficiency.

**BACKGROUND:**

Adrenal insufficiency is a hormonal disorder characterized by the failure of the adrenal glands to produce adequate amounts of steroid hormones, including cortisol. Adrenal insufficiency may lead to an adrenal crisis – a sudden, severe worsening of symptoms including pain in the lower back, abdomen or legs, vomiting, diarrhea, dehydration, low blood pressure, and loss of consciousness. An adrenal crisis may be life threatening, but can be treated with injectable hydrocortisone and fluid support.

Senate Bill 875 requires the SBE to adopt rules under which school personnel may administer medications that treat adrenal insufficiency to a student experiencing an adrenal crisis and stipulates acceptable training and circumstances under which trained personnel may administer treatment.

**PRELIMINARY STAFF MEASURE SUMMARY**

**Joint Committee On Ways and Means**

**Fiscal:** Fiscal impact issued

**Revenue:** No Revenue Impact

---

**Action Date:**

**Action:**

**Meeting Dates:**

**Prepared By:** Kim To, Fiscal Analyst

---

**WHAT THE MEASURE DOES:**

Requires the State Board of Education to adopt rules regarding which school personnel may administer medications that treat adrenal insufficiency to students experiencing adrenal crisis. Requires training of school personnel to be conducted by the Oregon Health Authority (OHA) under the supervision of a physician or nurse practitioner. Permits trained individuals, who receive medication from the parent or guardian of a student with adrenal insufficiency, to administer such medications if the student is suffering an adrenal crisis in an emergency situation when a licensed health care professional is not immediately available. Specifies that school districts are only required to have school personnel trained when a parent or guardian notifies the district that a student has been diagnosed with adrenal insufficiency. Operative January 1, 2016. Declares emergency, effective on passage.

**ISSUES DISCUSSED:**

**EFFECT OF COMMITTEE AMENDMENT:**

No amendment.

**BACKGROUND:**

Adrenal insufficiency is a hormonal disorder characterized by the failure of the adrenal glands to produce adequate amounts of steroid hormones, including cortisol. Adrenal insufficiency may lead to an adrenal crisis – a sudden, severe worsening of symptoms including pain in the lower back, abdomen or legs, vomiting, diarrhea, dehydration, low blood pressure, and loss of consciousness. An adrenal crisis may be life threatening, but can be treated with injectable hydrocortisone and fluid support.

**FISCAL IMPACT OF PROPOSED LEGISLATION****Measure: SB 875 - A**Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session  
Legislative Fiscal Office***Only Impacts on Original or Engrossed  
Versions are Considered Official***Prepared by: Krista McDowell  
Reviewed by: Linda Ames, Matt Stayner, Kim To, Doug Wilson  
Date: 5/14/2015**Measure Description:**

Requires State Board of Education to adopt rules under which school personnel may administer medications that treat adrenal insufficiency to students experiencing adrenal crisis.

**Government Unit(s) Affected:**

Department of Education, Oregon Health Authority (OHA), Board of Pharmacy, Board of Nursing, School Districts

**Summary of Expenditure Impact:**

	<b>2015-17 Biennium</b>	<b>2017-19 Biennium</b>
General Fund	\$53,704	
<b>Total Funds</b>	<b>\$53,704</b>	<b>\$0</b>
Positions	1	
FTE	0.25	

**Local Government Mandate:**

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

**Analysis:**

This bill requires the State Board of Education to adopt rules regarding which school personnel may administer medications that treat adrenal insufficiency to students experiencing adrenal crisis. Training of school personnel is to be conducted by the Oregon Health Authority (OHA) under the supervision of a physician or nurse practitioner. The bill permits trained individuals, who receive medication from the parent or guardian of a student with adrenal insufficiency, to administer such medications if the student is suffering an adrenal crisis in an emergency situation when a licensed health care professional is not immediately available. School Districts are only required to have school personnel trained when a parent or guardian notifies the district that a student has been diagnosed with adrenal insufficiency.

OHA anticipates the need for a limited-duration Public Health Educator 2 position for 6 months (0.25 FTE) to convene stakeholder meetings, establish protocols, develop training forms such as certification documents for use by the trainers and schools, as well as communicate this information to schools and trainers. This position is estimated to cost \$53,704 General Fund in the 2015-17 biennium. It is assumed that the training materials will be posted to an existing website, therefore no additional costs for printing or distribution have been included in this analysis.

Costs to the Oregon Department of Education, Oregon Board of Pharmacy, and the Oregon Board of Nursing associated with rulemaking are considered to be minimal and absorbable within the existing parameters of the agencies budgets.

School Districts report a potential to incur increased costs, although these costs are not quantifiable at this time, associated with an increase in liability related to the administration of medications for adrenal insufficiency.

**A-Engrossed**  
**Senate Bill 875**

Ordered by the Senate April 27  
Including Senate Amendments dated April 27

Sponsored by Senators PROZANSKI, BOQUIST, KRUSE, THOMSEN; Senators EDWARDS, GELSER, GIROD, HASS, JOHNSON, MONNES ANDERSON, OLSEN, STEINER HAYWARD (at the request of Jennifer Knapp)

**SUMMARY**

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Requires State Board of Education to adopt rules under which school personnel may administer medications that treat adrenal insufficiency to students experiencing adrenal crisis. Provides for training of personnel in adrenal insufficiency and authorizes trained individuals, who receive medication from parent or guardian of student with adrenal insufficiency, to administer such medications.

Becomes operative January 1, 2016.

Declares emergency, effective on passage.

**A BILL FOR AN ACT**

1  
2 Relating to adrenal insufficiency; creating new provisions; amending ORS 339.867, 339.869, 433.800,  
3 433.805, 433.815 and 433.825; and declaring an emergency.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1.** ORS 339.867 is amended to read:

6 339.867. As used in ORS 339.869 and 339.870, "medication" means medication that is not injected,  
7 except for premeasured doses of epinephrine that are injected **or medication that is available for**  
8 **treating adrenal insufficiency.**

9 **SECTION 2.** ORS 339.869 is amended to read:

10 339.869. (1) The State Board of Education, in consultation with the Oregon Health Authority, the  
11 Oregon State Board of Nursing and the State Board of Pharmacy, shall adopt:

12 (a) Rules for the administration of prescription and nonprescription medication to students by  
13 trained school personnel and for student self-medication. The rules shall include age appropriate  
14 guidelines and training requirements for school personnel.

15 (b) Rules for the administration of premeasured doses of epinephrine by school personnel trained  
16 as provided by ORS 433.815 to any student or other individual on school premises who the personnel  
17 believe in good faith is experiencing a severe allergic reaction, regardless of whether the student  
18 or individual has a prescription for epinephrine.

19 **(c)(A) Rules for the administration of medication that treats adrenal insufficiency by**  
20 **school personnel trained as provided by ORS 433.815 to any student on school premises whose**  
21 **parent or guardian has provided for the personnel the medication as described in ORS 433.825**  
22 **(3) and who the personnel believe in good faith is experiencing an adrenal crisis, as defined**  
23 **in ORS 433.800.**

24 **(B) Rules adopted under this paragraph must:**

25 **(i) Include guidelines on the designation and training of school personnel who will be re-**

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted.  
New sections are in **boldfaced** type.

1 **sponsible for administering medication; and**

2 **(ii) Specify that a school district is only required to train school personnel when the**  
3 **school district has been notified by a parent or guardian that a student enrolled in a school**  
4 **of the school district has been diagnosed with adrenal insufficiency.**

5 [(c)] **(d) Guidelines for the management of students with life-threatening food allergies and**  
6 **adrenal insufficiency, which must include:**

7 (A) Standards for the education and training of school personnel to manage students with life-  
8 threatening allergies **or adrenal insufficiency.**

9 (B) Procedures for responding to life-threatening allergic reactions **or an adrenal crisis, as**  
10 **defined in ORS 433.800.**

11 (C) A process for the development of individualized health care and allergy **or adrenal insuf-**  
12 **ficiency** plans for every student with a known life-threatening allergy **or adrenal insufficiency.**

13 (D) Protocols for preventing exposures to allergens.

14 (2)(a) School district boards shall adopt policies and procedures that provide for:

15 (A) The administration of prescription and nonprescription medication to students by trained  
16 school personnel, **including the administration of medications that treat adrenal**  
17 **insufficiency;**

18 (B) Student self-medication; and

19 (C) The administration of premeasured doses of epinephrine to students and other individuals.

20 (b) Policies and procedures adopted under paragraph (a) of this subsection shall be consistent  
21 with the rules adopted by the State Board of Education under subsection (1) of this section. A school  
22 district board shall not require school personnel who have not received appropriate training to ad-  
23 minister medication.

24 **SECTION 3.** ORS 433.800 is amended to read:

25 433.800. As used in ORS 433.800 to 433.830, unless the context requires otherwise:

26 (1) **“Adrenal crisis” means a sudden, severe worsening of symptoms associated with**  
27 **adrenal insufficiency, such as severe pain in the lower back, abdomen or legs, vomiting,**  
28 **diarrhea, dehydration, low blood pressure or loss of consciousness.**

29 (2) **“Adrenal insufficiency” means a hormonal disorder that occurs when the adrenal**  
30 **glands do not produce enough adrenal hormones.**

31 [(1)] (3) **“Allergen” means a substance, usually a protein, [which] that evokes a particular ad-**  
32 **verse response in a sensitive individual.**

33 [(2)] (4) **“Allergic response” means a medical condition caused by exposure to an allergen, with**  
34 **physical symptoms that [may be life threatening, ranging from] range from localized itching to se-**  
35 **vere anaphylactic shock [and death] and that may be life threatening.**

36 [(3)] (5) **“Hypoglycemia” means a condition in which a person experiences low blood sugar,**  
37 **producing symptoms [that may range from] such as drowsiness [to], loss of muscle control so that**  
38 **chewing or swallowing is impaired, [to] irrational behavior in which food intake is resisted, [or to]**  
39 **convulsions, fainting or coma.**

40 (6) **“Nurse practitioner” means a nurse practitioner licensed under ORS chapter 678.**

41 [(4)] (7) **“Other treatment” means oral administration of food containing glucose or other forms**  
42 **of carbohydrate, such as jelly or candy.**

43 [(5)] (8) **“Other treatment has failed” means [the] a hypoglycemic student’s symptoms have**  
44 **worsened after the administration of a food containing glucose or other form of carbohydrate**  
45 **or [the] a hypoglycemic student has become incoherent, unconscious or unresponsive.**



1       **(9) “Physician” means a physician licensed under ORS chapter 677.**

2       **SECTION 4.** ORS 433.805 is amended to read:

3       433.805. It is the purpose of ORS 433.800 to 433.830 to provide a means of authorizing certain  
4 individuals when a licensed health care professional is not immediately available to administer  
5 lifesaving treatment to persons:

6       (1) Who have severe allergic responses to insect stings and other [*specific*] allergens [*and to*  
7 *persons*];

8       (2) Who are experiencing severe hypoglycemia when other treatment has failed or cannot be  
9 initiated[.]; **and**

10       **(3) Who have adrenal insufficiency and are experiencing an adrenal crisis.**

11       **SECTION 5.** ORS 433.815 is amended to read:

12       433.815. (1) Educational training on the treatment of allergic responses, as required by ORS  
13 433.800 to 433.830, shall be conducted under the supervision of a physician [*licensed under ORS*  
14 *chapter 677*] or [*a*] nurse practitioner [*licensed under ORS chapter 678 to practice in this state*]. The  
15 training may be conducted by [*a*] **any other** health care professional licensed under ORS chapter  
16 678 as delegated by a supervising [*professional*] **physician or nurse practitioner**, or by an emer-  
17 gency medical services provider meeting the requirements established by the Oregon Health Au-  
18 thority by rule. The curricula shall include, at a minimum, the following subjects:

19       (a) Recognition of the symptoms of systemic allergic responses to insect stings and other  
20 allergens;

21       (b) Familiarity with common factors that are likely to elicit systemic allergic responses;

22       (c) Proper administration of an intramuscular or subcutaneous injection of epinephrine for se-  
23 vere allergic responses to insect stings and other specific allergens; and

24       (d) Necessary follow-up treatment.

25       (2) Educational training on the treatment of hypoglycemia, as required by ORS 433.800 to  
26 433.830, shall be conducted under the supervision of a physician [*licensed under ORS chapter 677*]  
27 or [*a*] nurse practitioner [*licensed under ORS chapter 678 to practice in this state*]. The training may  
28 be conducted by [*a*] **any other** health care professional licensed under ORS chapter 678 as delegated  
29 by a supervising [*professional*] **physician or nurse practitioner**. The curricula shall include, at a  
30 minimum, the following subjects:

31       (a) Recognition of the symptoms of hypoglycemia;

32       (b) Familiarity with common factors that may induce hypoglycemia;

33       (c) Proper administration of a subcutaneous injection of glucagon for severe hypoglycemia when  
34 other treatment has failed or cannot be initiated; and

35       (d) Necessary follow-up treatment.

36       **(3) Educational training on the treatment of adrenal insufficiency, as required by ORS**  
37 **433.800 to 433.830, shall be conducted under the supervision of a physician or nurse practi-**  
38 **tioner. The training may be conducted by any other health care professional licensed under**  
39 **ORS chapter 678 as delegated by a supervising physician or nurse practitioner. The curricula**  
40 **shall include, at a minimum, the following subjects:**

41       **(a) General information about adrenal insufficiency and the dangers associated with**  
42 **adrenal insufficiency;**

43       **(b) Recognition of the symptoms of a person who is experiencing an adrenal crisis;**

44       **(c) The types of medications that are available for treating adrenal insufficiency; and**

45       **(d) Proper administration of medications that treat adrenal insufficiency.**

1        **SECTION 6.** ORS 433.825 is amended to read:

2        433.825. (1)(a) A person who has successfully completed educational training described in ORS  
3 433.815 for severe allergic responses may receive from any health care professional [*with*] **who has**  
4 appropriate prescriptive privileges **and who is** licensed under ORS chapter 677 or 678 in this state  
5 a prescription for premeasured doses of epinephrine and the necessary paraphernalia for adminis-  
6 tration.

7        (b) An entity that employs a person described in paragraph (a) of this subsection may acquire  
8 premeasured doses of epinephrine and the necessary paraphernalia for administration in accordance  
9 with paragraph (c) of this subsection. A health care practitioner [*with*] **who has** appropriate  
10 prescriptive privileges **and is** licensed under ORS chapter 677 or 678 may write a prescription for  
11 premeasured doses of epinephrine and the necessary paraphernalia in the name of an entity that  
12 employs a person described in paragraph (a) of this subsection.

13        (c) A person described in paragraph (a) of this subsection may possess and administer, in an  
14 emergency situation when a licensed health care professional is not immediately available, pre-  
15 scribed epinephrine to any person suffering a severe allergic response.

16        (2) A person who has successfully completed educational training in the administration of  
17 glucagon as described in ORS 433.815 for hypoglycemia may receive from the parent or guardian  
18 of a student [*doses of*] glucagon prescribed by a health care professional [*with*] **who has** appropriate  
19 prescriptive privileges **and is** licensed under ORS chapter 677 or 678 [*in this state*], as well as the  
20 necessary paraphernalia for administration. The person may possess **the glucagon** and administer  
21 **the** glucagon to the student for whom the glucagon is prescribed[,] if the student is suffering a se-  
22 vere hypoglycemic reaction in an emergency situation when a licensed health care professional is  
23 not immediately available and other treatment has failed or cannot be initiated.

24        (3) **A person who has successfully completed educational training in the treatment of**  
25 **adrenal insufficiency as described in ORS 433.815 may receive from the parent or guardian**  
26 **of a student a medication that treats adrenal insufficiency and that is prescribed by a health**  
27 **care professional who has appropriate prescriptive privileges and is licensed under ORS**  
28 **chapter 677 or 678, as well as the necessary paraphernalia for administration. The person**  
29 **may possess the medication and administer the medication to the student for whom the**  
30 **medication is prescribed if the student is suffering an adrenal crisis in an emergency situ-**  
31 **ation when a licensed health care professional is not immediately available.**

32        **SECTION 7. (1) The amendments to ORS 339.867, 339.869, 433.800, 433.805, 433.815 and**  
33 **433.825 by sections 1 to 6 of this 2015 Act become operative on January 1, 2016.**

34        (2) **The State Board of Education and the Oregon Health Authority may take any action**  
35 **before the operative date specified in subsection (1) of this section that is necessary for the**  
36 **board or authority to exercise, on and after the operative date specified in subsection (1) of**  
37 **this section, all the duties, powers and functions conferred on the board and authority by the**  
38 **amendments to ORS 339.867, 339.869, 433.800, 433.805, 433.815 and 433.825 by sections 1 to 6**  
39 **of this 2015 Act.**

40        **SECTION 8. This 2015 Act being necessary for the immediate preservation of the public**  
41 **peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect**  
42 **on its passage.**

**REVENUE IMPACT OF  
PROPOSED LEGISLATION**  
Seventy-Eighth Oregon Legislative  
Assembly  
2015 Regular Session  
Legislative Revenue Office

**Bill Number: SB 875 - A**

**Date: 4/22/2015**

*Only Impacts on Original or Engrossed  
Versions are Considered Official*

---

## **NOTICE OF NO REVENUE IMPACT**

The Legislative Revenue Office has reviewed the proposed legislation and determined that it has No Impact on state or local revenues analyzed by this office.

---

State Capitol Building  
900 Court St NE, Room 143  
Salem, OR 97301

Phone: 503-986-1266  
Fax: 503-986-1770  
<https://www.oregonlegislature.gov/lro>