

(To Resolve Conflicts)

B-Engrossed Senate Bill 875

Ordered by the House June 22
Including Senate Amendments dated April 27 and House Amendments
dated June 22 to resolve conflicts

Sponsored by Senators PROZANSKI, BOQUIST, KRUSE, THOMSEN; Senators EDWARDS, GELSER, GIROD, HASS, JOHNSON, MONNES ANDERSON, OLSEN, STEINER HAYWARD, Representatives BOONE, HUFFMAN, MCLAIN, OLSON, WITT (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, as amended by section 2, chapter 162, Oregon Laws 2015 (Enrolled
6 House Bill 3041), is amended to read:

7 339.867. As used in ORS 339.869 and 339.870:

8 (1) "Medication" means:

9 (a) Medication that is not injected [*and*];

10 (b) Premeasured doses of epinephrine that are injected[.]; **and**

11 (c) **Medication that is available for treating adrenal insufficiency.**

12 (2) "Medication" does not include nonprescription sunscreen.

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

14 339.869. (1) The State Board of Education, in consultation with the Oregon Health Authority, the
15 Oregon State Board of Nursing and the State Board of Pharmacy, shall adopt:

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

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

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

6 (B) Rules adopted under this paragraph must:

7 (i) Include guidelines on the designation and training of school personnel who will be re-
8 sponsible for administering medication; and

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

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

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

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

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

20 (D) Protocols for preventing exposures to allergens.

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

22 (A) The administration of prescription and nonprescription medication to students by trained
23 school personnel, including the administration of medications that treat adrenal
24 insufficiency;

25 (B) Student self-medication; and

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

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

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

32 433.800. As used in ORS 433.800 to 433.830, unless the context requires otherwise:

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

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

38 [(1)] (3) “Allergen” means a substance, usually a protein, [which] that evokes a particular ad-
39 verse response in a sensitive individual.

40 [(2)] (4) “Allergic response” means a medical condition caused by exposure to an allergen, with
41 physical symptoms that [may be life threatening, ranging from] range from localized itching to se-
42 vere anaphylactic shock [and death] and that may be life threatening.

43 [(3)] (5) “Hypoglycemia” means a condition in which a person experiences low blood sugar,
44 producing symptoms [that may range from] such as drowsiness [to], loss of muscle control so that
45 chewing or swallowing is impaired, [to] irrational behavior in which food intake is resisted, [or to]

1 convulsions, fainting or coma.

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

3 [(4)] **(7) “Other treatment” means oral administration of food containing glucose or other forms**
4 **of carbohydrate, such as jelly or candy.**

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

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

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

10 433.805. It is the purpose of ORS 433.800 to 433.830 to provide a means of authorizing certain
11 individuals when a licensed health care professional is not immediately available to administer
12 lifesaving treatment to persons:

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

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

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

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

19 433.815. (1) Educational training on the treatment of allergic responses, as required by ORS
20 433.800 to 433.830, shall be conducted under the supervision of a physician [*licensed under ORS*
21 *chapter 677*] or [*a*] nurse practitioner [*licensed under ORS chapter 678 to practice in this state*]. The
22 training may be conducted by [*a*] **any other** health care professional licensed under ORS chapter
23 678 as delegated by a supervising [*professional*] **physician or nurse practitioner**, or by an emer-
24 gency medical services provider meeting the requirements established by the Oregon Health Au-
25 thority by rule. The curricula shall include, at a minimum, the following subjects:

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

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

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

31 (d) Necessary follow-up treatment.

32 (2) Educational training on the treatment of hypoglycemia, as required by ORS 433.800 to
33 433.830, shall be conducted under the supervision of a physician [*licensed under ORS chapter 677*]
34 or [*a*] nurse practitioner [*licensed under ORS chapter 678 to practice in this state*]. The training may
35 be conducted by [*a*] **any other** health care professional licensed under ORS chapter 678 as delegated
36 by a supervising [*professional*] **physician or nurse practitioner**. The curricula shall include, at a
37 minimum, the following subjects:

38 (a) Recognition of the symptoms of hypoglycemia;

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

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

42 (d) Necessary follow-up treatment.

43 **(3) Educational training on the treatment of adrenal insufficiency, as required by ORS**
44 **433.800 to 433.830, shall be conducted under the supervision of a physician or nurse practi-**
45 **tioner. The training may be conducted by any other health care professional licensed under**

1 **ORS chapter 678 as delegated by a supervising physician or nurse practitioner. The curricula**
2 **shall include, at a minimum, the following subjects:**

- 3 **(a) General information about adrenal insufficiency and the dangers associated with**
4 **adrenal insufficiency;**
5 **(b) Recognition of the symptoms of a person who is experiencing an adrenal crisis;**
6 **(c) The types of medications that are available for treating adrenal insufficiency; and**
7 **(d) Proper administration of medications that treat adrenal insufficiency.**

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

9 433.825. (1)(a) A person who has successfully completed educational training described in ORS
10 433.815 for severe allergic responses may receive from any health care professional [*with*] **who has**
11 appropriate prescriptive privileges **and who is** licensed under ORS chapter 677 or 678 in this state
12 a prescription for premeasured doses of epinephrine and the necessary paraphernalia for adminis-
13 tration.

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

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

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

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

39 **SECTION 7.** (1) The amendments to ORS 339.867, 339.869, 433.800, 433.805, 433.815 and
40 433.825 by sections 1 to 6 of this 2015 Act become operative on January 1, 2016.

41 (2) The State Board of Education and the Oregon Health Authority may take any action
42 before the operative date specified in subsection (1) of this section that is necessary for the
43 board or authority to exercise, on and after the operative date specified in subsection (1) of
44 this section, all the duties, powers and functions conferred on the board and authority by the
45 amendments to ORS 339.867, 339.869, 433.800, 433.805, 433.815 and 433.825 by sections 1 to 6

1 of this 2015 Act.

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

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