

# Senate Bill 1504

Sponsored by Senators WAGNER, WEBER; Senator FREDERICK, Representatives NGUYEN D, WALTERS (Pre-session filed.)

## 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 **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: Allows for the use of epinephrine in schools by means other than shots. (Flesch Readability Score: 76.5).

Allows for the provision of epinephrine in schools by methods other than injections. Broadens the training requirements related to the administration of epinephrine.

## A BILL FOR AN ACT

Relating to the administration of epinephrine; amending ORS 339.866, 339.867, 339.871, 433.800, 433.815 and 433.817.

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

**SECTION 1.** ORS 339.866 is amended to read:

339.866. (1) As used in this section:

(a) "Asthma" means a chronic inflammatory disorder of the airways that requires ongoing medical intervention.

(b) "Medication" means any prescription for bronchodilators or [*autoinjectable*] **for premeasured doses of** epinephrine prescribed by a student's Oregon licensed health care professional for asthma or severe allergies.

(c) "**Premeasured dose**" means a fixed, precisely measured amount of medication that is administered by an autoinjector, an intranasal device or by any other method identified by the State Board of Education by rules adopted under ORS 339.869.

[(c)] (d) "Severe allergy" means a life-threatening hypersensitivity to a specific substance such as food, pollen or dust.

(2) A school district board shall adopt policies and procedures that provide for self-administration of medication by kindergarten through grade 12 students with asthma or severe allergies:

(a) In school;

(b) At a school-sponsored activity;

(c) While under the supervision of school personnel;

(d) In before-school or after-school care programs on school-owned property; and

(e) In transit to or from school or school-sponsored activities.

(3) The policies and procedures shall:

(a) Require that an Oregon licensed health care professional prescribe the medication to be used by the student during school hours and instruct the student in the correct and responsible use of the medication;

(b) Require that an Oregon licensed health care professional, acting within the scope of the

**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 person's license, formulate a written treatment plan for managing the student's asthma or severe  
2 allergy and for the use of medication by the student during school hours;

3 (c) Require that the parent or guardian of the student submit to the school any written doc-  
4 umentation required by the school, including any documents related to liability;

5 (d) Require that backup medication, if provided by a student's parent or guardian, be kept at the  
6 student's school in a location to which the student has immediate access in the event the student  
7 has an asthma or severe allergy emergency;

8 (e) Require the establishment of a process by which the parent or guardian of a student may  
9 request in writing that backup prescribed [*autoinjectable*] epinephrine be kept at a reasonably secure  
10 location in a student's classroom if:

11 (A) The location identified under paragraph (d) of this subsection is not the student's classroom;  
12 and

13 (B) A licensed health care professional verifies in writing that lack of immediate access to  
14 [*autoinjectable*] epinephrine may be life threatening to the student;

15 (f) Require that a school request from the student's parent or guardian that the parent or  
16 guardian provide medication for emergency use by the student; and

17 (g) Allow a school to revoke its permission for a student to self-administer medication if the  
18 student does not responsibly self-administer the medication or abuses the use of the medication.

19 (4) A school district board may impose other policies and procedures that the board determines  
20 are necessary to protect a student with asthma or a severe allergy.

21 (5) A school district board may not require school personnel who have not received appropriate  
22 training to assist a student with asthma or a severe allergy with self-administration of medication.

23 (6) This section does not apply to youth correction facilities.

24 **SECTION 2.** ORS 339.867 is amended to read:

25 339.867. As used in ORS 339.869, [*and*] 339.870 **and 339.871:**

26 (1)(a) "Medication" means:

27 (A) Medication that is not injected;

28 (B) Premeasured doses of epinephrine [*that are injected*];

29 (C) Medication that is available for treating adrenal insufficiency; and

30 (D) Naloxone or any similar medication that is in any form available for safe administration and  
31 that is designed to rapidly reverse an overdose of an opioid drug.

32 (b) "Medication" does not include nonprescription sunscreen.

33 (2) "Opioid overdose" has the meaning given that term in ORS 689.800.

34 (3) **"Premeasured dose" means a fixed, precisely measured amount of medication that is**  
35 **administered by an autoinjector, an intranasal device or by any other method identified by**  
36 **the State Board of Education by rules adopted under ORS 339.869.**

37 [(3)] (4) "Short-acting opioid antagonist" has the meaning given that term in ORS 689.800.

38 **SECTION 3.** ORS 339.871 is amended to read:

39 339.871. (1) A school administrator, school nurse, teacher or other school employee designated  
40 by the school administrator is not liable in a criminal action or for civil damages as a result of a  
41 student's self-administration of medication, as described in ORS 339.866, if the school administrator,  
42 school nurse, teacher or other school employee, in compliance with the instructions of the student's  
43 Oregon licensed health care professional, in good faith assists the student's self-administration of the  
44 medication, if the medication is available to the student pursuant to written permission and in-  
45 structions of the student's parent, guardian or Oregon licensed health care professional.

(2) A school administrator, school nurse, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the use of medication if the school administrator, school nurse, teacher or other school employee in good faith administers *[autoinjectable]* a **premeasured dose** of epinephrine to a student or other individual with a severe allergy who is unable to self-administer the medication, regardless of whether the student or individual has a prescription for epinephrine.

(3) A school district and the members of a school district board are not liable in a criminal action or for civil damages as a result of the use of medication if:

(a) Any person in good faith administers *[autoinjectable]* a **premeasured dose** of epinephrine to a student or other individual with a severe allergy who is unable to self-administer the medication, regardless of whether the student or individual has a prescription for epinephrine; and

(b) The person administered the *[autoinjectable]* **premeasured dose** of epinephrine on school premises, including at a school, on school property under the jurisdiction of the district or at an activity under the jurisdiction of the school district.

(4) The civil and criminal immunities imposed by this section do not apply to an act or omission amounting to gross negligence or willful and wanton misconduct.

**SECTION 4.** ORS 433.800 is amended to read:

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

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

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

(3) “Allergen” means a substance, usually a protein, that evokes a particular adverse response in a sensitive individual.

(4) “Allergic response” means a medical condition caused by exposure to an allergen, with physical symptoms that range from localized itching to severe anaphylactic shock and that may be life threatening.

(5) “Hypoglycemia” means a condition in which a person experiences low blood sugar, producing symptoms such as drowsiness, loss of muscle control so that chewing or swallowing is impaired, irrational behavior in which food intake is resisted, convulsions, fainting or coma.

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

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

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

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

(10) “Physician associate” means a physician associate licensed under ORS 677.505 to 677.525.

(11) **“Premeasured dose” means a fixed, precisely measured amount of medication that is administered by an autoinjector, an intranasal device or by any other method identified by the Oregon Health Authority by rules adopted under ORS 433.810.**

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

433.815. (1) Educational training on the treatment of allergic responses, as required by ORS 433.800 to 433.830, shall be conducted by a physician, physician associate or nurse practitioner. The

1 training may be conducted by any other health care professional licensed under ORS chapter 678  
2 as assigned by a physician, physician associate or nurse practitioner, or by an emergency medical  
3 services provider meeting the requirements established by the Oregon Health Authority by rule. The  
4 curricula shall include, at a minimum, the following subjects:

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

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

8 (c) Proper administration of [*an intramuscular or subcutaneous injection of epinephrine*] **a pre-**  
9 **measured dose of epinephrine** for severe allergic responses to insect stings and other specific  
10 allergens; and

11 (d) Necessary follow-up treatment.

12 (2) Educational training on the treatment of hypoglycemia, as required by ORS 433.800 to  
13 433.830, shall be conducted by a physician, physician associate, nurse practitioner or any other  
14 health care professional licensed under ORS chapter 678. The curricula shall include, at a minimum,  
15 the following subjects:

16 (a) Recognition of the symptoms of hypoglycemia;

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

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

20 (d) Necessary follow-up treatment.

21 (3) Educational training on the treatment of adrenal insufficiency, as required by ORS 433.800  
22 to 433.830, shall be conducted by a physician, physician associate, nurse practitioner or any other  
23 health care professional licensed under ORS chapter 678. The curricula shall include, at a minimum,  
24 the following subjects:

25 (a) General information about adrenal insufficiency and the dangers associated with adrenal in-  
26 sufficiency;

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

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

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

30 **SECTION 6.** ORS 433.817 is amended to read:

31 433.817. Educational training on the treatment of allergic responses, as required by ORS 433.800  
32 to 433.830, may be conducted by a public health authority or organization or by any other entity  
33 or individual approved by the Oregon Health Authority by rule. The training curricula under this  
34 section must include the following subjects:

35 (1) Recognition of the symptoms of systemic allergic responses to insect stings and other  
36 allergens;

37 (2) Familiarity with common factors that are likely to elicit systemic allergic responses;

38 (3) Proper administration of [*an intramuscular or subcutaneous injection of epinephrine*] **a pre-**  
39 **measured dose of epinephrine** for severe allergic responses to insect stings and other specific  
40 allergens; and

41 (4) Necessary follow-up treatment.