

SUBJECT: Authorizing epinephrine auto-injectors at institutions of higher education

COMMITTEE: Higher Education — favorable, without amendment

VOTE: 7 ayes — Lozano, Raney, Alonzo, Clardy, Howard, Morrison, Turner

0 nays

2 absent — Alvarado, Button

SENATE VOTE: On final passage, May 1 — 31-0

WITNESSES: *On House companion, HB 3851:*

For — Susan Tharp, San Antonio Food Allergy Support Team;
(*Registered, but did not testify:* Troy Alexander, Texas Medical Association; Yannis Banks, Texas NAACP; Tom Banning, Texas Academy of Family Physicians; Andrew Cates, Texas Nurses Association; Dwight Harris, Texas AFT; Dustin Meador, Texas Association of Community Colleges; Paul Townsend, Children's Hospital Association of Texas; Clayton Travis, Texas Pediatric Society; Rebecca Tharp; Belinda Vadca)

Against — (*Registered, but did not testify:* Adam Cahn, Cahnman's Musings)

On — (*Registered, but did not testify:* David Auzenne, Department of State Health Services; Rex Peebles, Higher Education Coordinating Board)

BACKGROUND: Education Code, ch. 38, subch. E defines a epinephrine auto-injector as a disposable medical drug delivery device that contains a premeasured single dose of epinephrine that is intended to be used to treat anaphylaxis.

DIGEST: SB 1367 would authorize institutions of higher education to adopt and implement a policy for the maintenance, storage, administration, and disposal of epinephrine auto-injectors on campuses. The policy would

require that personnel or volunteers who were authorized and trained be allowed to administer an epinephrine auto-injector to a person who was believed to be experiencing anaphylaxis on campus. The policy could allow for those personnel or volunteers to perform the same service for a person in shock at an off-campus event or while in transit to an off-campus event sponsored by the institution.

After consulting with an advisory committee on the administration of epinephrine auto-injectors established by the bill, the commissioner of state health services would be required to adopt rules on their maintenance, storage, administration, and disposal to include:

- the number of epinephrine auto-injectors available at each campus;
- the process to check the inventory of epinephrine auto-injectors for expiration and replacement; and
- the amount of training required for personnel or volunteers to administer an epinephrine auto-injector.

The supply of epinephrine auto-injectors on campus would have to be stored in a secure location and accessible to authorized and trained personnel or volunteers. The bill also would require an institution to issue a report within 10 days of the administration of an epinephrine auto-injector to the physician who prescribed the epinephrine auto-injector and the commissioner of state health services. The report would be required to include:

- the age of the person who was administered the epinephrine;
- whether the person who received the epinephrine shot was a student, a personnel member, or a visitor;
- the physical location where the epinephrine auto-injector was administered;
- the number of doses of epinephrine auto-injector administered;
- the title of the person who administered the epinephrine auto-injector; and
- any other information required by the commissioner of state health services.

The bill would require an institution that adopted a policy on administering an epinephrine auto-injector to have personnel or volunteers who were authorized and trained for that purpose. Institutions would have to provide annual training in a formal session or through online education on:

- recognizing the signs and symptoms of anaphylaxis;
- administering an epinephrine auto-injector;
- implementing emergency procedures, if necessary, after administering an epinephrine auto-injector; and
- properly disposing of used or expired epinephrine auto-injectors.

The bill would authorize a physician to prescribe epinephrine auto-injectors in the name of the institution and provide a standing order to administer the epinephrine auto-injectors that was not patient-specific and not covered by an established physician-patient relationship. The bill would authorize a pharmacist to dispense epinephrine auto-injectors without requiring information about the user.

A person who in good faith acted or failed to act under the bill's provisions would be provided immunity from civil or criminal liability or disciplinary action.

The commissioner of state health services would be required to adopt rules for the implementation of the provisions contained in the bill. An institution could accept gifts, grants, donations, and federal funds for the maintenance, storage, administration, and disposal of epinephrine auto-injectors on campus.

The bill would take effect September 1, 2017, and would apply beginning in the 2018 spring semester.

**SUPPORTERS
SAY:**

SB 1367 would allow institutions of higher education to adopt policies for epinephrine auto-injectors, which are already in use at public schools. This would allow for the administration of life-saving medication to

individuals experiencing anaphylactic shock on college campuses and at related events.

Anaphylaxis occurs in some people as a reaction to certain triggers, including food allergies or insect stings, which can leave affected individuals unable to breathe, leading to death. The administration of epinephrine can reverse the effects of anaphylaxis, and an epinephrine auto-injector in the hands of a trained individual can save the life of someone in shock who might otherwise die before the arrival of emergency medical services. This bill would give authorized staff and volunteers at institutions of higher education the tools to prevent some of these needless deaths.

OPPONENTS
SAY: No apparent opposition.

NOTES: A companion bill, HB 3851 by Howard, was reported favorably by the House Committee on Higher Education and placed on the General State Calendar for May 8.