

SUBJECT: Allowing physicians to dispense epinephrine injectors to day care centers

COMMITTEE: Public Health — committee substitute recommended

VOTE: 10 ayes — S. Thompson, Allison, Coleman, Frank, Guerra, Lucio, Ortega, Price, Sheffield, Zedler

0 nays

1 absent — Wray

WITNESSES: For — (*Registered, but did not testify:* Alyssa Thomason, Doctors for Change; Fran Rhodes, NE Tarrant Tea Party; Lee Parsley, Texans for Lawsuit Reform; Troy Alexander, Texas Medical Association; Andrew Cates, Texas Nurses Association; Kaitlyn Doerge, Texas Pediatric Society; Shelia Franklin; Amy Hedtke; Norma Hopkins)

Against — None

On — (*Registered, but did not testify:* Manda Hall, Department of State Health Services; Jean Shaw, Health and Human Services Commission)

DIGEST: CSHB 1849 would allow a physician or person who was delegated prescriptive authority by a physician to prescribe epinephrine auto-injectors to a day care center.

An authorized prescriber would provide a standing order for the administration of an epinephrine auto-injector to a person who was believed to be experiencing anaphylaxis. The standing order would not have to be patient-specific and the epinephrine auto-injector could be administered without a previously established physician-patient relationship. The bill also would allow a pharmacist to dispense an auto-injector to a day care center without requiring a user's identifiable information.

Definitions. The bill would define "epinephrine auto-injector" as a disposable medical drug delivery device that contains a premeasured

single dose of epinephrine intended to treat "anaphylaxis," a sudden, severe, and potentially life-threatening allergic reaction.

Training. Day care centers would provide annual training to employees that included:

- recognizing the signs and symptoms of anaphylaxis;
- administering an epinephrine auto-injector;
- recommended dosages for adults and children by age and weight, if applicable, and the dosages available at the center;
- implementing emergency procedures, if necessary, after administering an auto-injector; and
- properly disposing of used or expired auto-injectors.

Each day care center would have to maintain records on the required training.

Report. Within 10 days of administering an epinephrine auto-injector, a day care center would have to issue a report to the center's owner, the physician or other person who prescribed the auto-injector, the Health and Human Services Commission (HHSC), and the Department of State Health Services.

The report would include:

- the age of the person who was administered the epinephrine;
- whether the person who received the epinephrine injection was a child enrolled in the day care center, an employee or volunteer, or a visitor;
- the physical location where the auto-injector was administered;
- the number of doses of epinephrine administered;
- the title of the employee who administered the auto-injector; and
- any other information required by the executive commissioner of HHSC.

Immunity. CSHB 1849 also would provide immunity from civil or criminal liability or disciplinary action for a person who in good faith acted or failed to act under the bill's provisions.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2019.

**SUPPORTERS
SAY:**

CSHB 1849 would expand access to epinephrine auto-injectors by allowing day care centers to stock them, which is already permissible in public and charter schools, universities, and community colleges. Food allergies are the most common medical condition affecting children and are the leading cause of anaphylaxis. Expanding access would allow for the administration of life-saving medication to individuals experiencing anaphylaxis at day care centers.

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 day care centers the tools to prevent needless deaths.

**OPPONENTS
SAY:**

No concerns identified.