

Date of Hearing: April 12, 2023

ASSEMBLY COMMITTEE ON EDUCATION
Al Muratsuchi, Chair
AB 1651 (Sanchez) – As Amended March 30, 2023

SUBJECT: Pupil health: emergency medical care: epinephrine auto-injectors

SUMMARY: Expands the pool of individuals authorized to administer emergency epinephrine to a person suffering from an anaphylactic reaction at a school, to include certain individuals working with students in a student activity program, requires that epinephrine auto-injectors be stored in accessible locations, and requires additional information regarding epinephrine auto-injectors be made available. Specifically, **this bill:**

- 1) Requires the emergency epinephrine auto-injectors that local educational agencies (LEAs) are required to have available, to be stored in an accessible location upon need for emergency use.
- 2) Adds a holder of an Activity Supervisor Clearance Certificate, as specified, to the definition of volunteers or trained personnel, for the purpose of administering emergency epinephrine.
- 3) Requires the written materials that LEAs are required to prepare and retain regarding the training and standards for emergency use of epinephrine auto-injectors for emergency use to be made accessible, such as through publicly posting at the location of the epinephrine auto-injectors.
- 4) Adds the location of the epinephrine auto-injectors on campus, to the information to be contained in the annual notice sent to staff with a request for volunteers to be trained to administer emergency epinephrine.

EXISTING LAW:

- 1) Requires the governing board of any school district to give diligent care to the health and physical development of pupils, which may include employing properly certified persons for the work. (Education Code (EC) Section 49400)
- 2) Requires a school district, county office of education (COE), and charter school to provide emergency epinephrine auto-injectors to school nurses or trained volunteers, and allows those individuals to utilize epinephrine auto-injectors to provide emergency medical aid to persons suffering from an anaphylactic reaction. (EC 49414)
- 3) Authorizes each public and private elementary and secondary school in the state to voluntarily determine, as specified, whether or not to make emergency epinephrine auto-injectors and trained personnel available at its school. (EC 49414)
- 4) Permits each public and private school to designate one or more volunteers to receive initial and annual refresher training, based on specified standards, regarding the storage and emergency use of an epinephrine auto-injector from the school nurse or other qualified person designated by an authorizing physician or surgeon. (EC 49414)

- 5) Requires a school nurse, or if the school does not have a school nurse or the school nurse is not onsite or available, a school administrator, to obtain from the school district physician, the medical director of the local health department, or the local emergency medical services director a prescription for epinephrine auto-injectors. (EC 49414)
- 6) Requires the Superintendent of Public Instruction (SPI) to review, every five years, or sooner, standards of training for the administration of epinephrine auto-injectors by consulting with organizations and providers with expertise in administering epinephrine auto-injectors and administering medication in a school environment. (EC 49414)
- 7) Sets minimum requirements for the training described above, requiring certain topics about anaphylaxis and procedures for rendering emergency treatment to be included in the training, and for the training to be consistent with guidelines of the federal Centers for Disease Control and Prevention (CDC). (EC 49414)
- 8) Requires a school district, COE, or charter school to ensure that each employee who volunteers under this section will be provided defense and indemnification by the school district, COE, or charter school for any and all civil liability, as specified and requires that this information be provided in writing and retained in the volunteer's personnel file. (EC 49414)
- 9) Defines "volunteer," and "trained personnel" for purposes of this section as an employee who has volunteered to administer epinephrine auto-injectors to a person suffering, or reasonably believed to be suffering, from anaphylaxis and who has been designated by a school, and has received training. (EC 49414)
- 10) Requires the Commission on Teacher Credentialing (CTC), upon verification of fingerprint clearance through a criminal background check, to issue an Activity Supervisor Clearance Certificate to individuals working with students in a student activity program sponsored by a school district, including, but not limited to, scholastic programs, interscholastic programs, and extracurricular activities sponsored by a school district or school booster club, including, but not limited to, cheer team, drill team, dance team, and marching band. (EC 49024)

FISCAL EFFECT: The Office of Legislative Counsel has keyed this bill as a possible state-mandated local program.

COMMENTS:

Need for the bill. According to the author, "AB 1651 will help reduce the likelihood of lethal allergic reactions on school campuses by ensuring that the location of epinephrine auto-injectors (EAIs) are known by all staff and by expanding the types of volunteers who can receive training for the use of EAIs. Ultimately, the bill will help make campuses safer for students with food allergies and could be the difference in saving a life. No student should feel unsafe on campus, and no parent should have to worry about whether their child's school has the tools to keep them safe. By enacting AB 1651, the state can help ensure that our schools will be better equipped to reduce the likelihood of lethal allergic reactions on campus."

This bill expands the authorization to administer epinephrine at schools. Public schools are currently required to provide emergency epinephrine auto-injectors to school nurses or trained personnel who have volunteered to provide emergency aid to persons suffering from an

anaphylactic reaction. This bill adds individuals who work with students in school-sponsored activities to those authorized to be trained to administer epinephrine. This could include coaches or other volunteers working in scholastic programs, interscholastic programs, or extracurricular activities sponsored by a school district or school booster club, including, cheer team, drill team, dance team, and marching band. The bill requires that any individual not employed by the school have a valid background check as verified by an Activity Supervisor Clearance Certificate issued by the CTC.

Anaphylaxis is a potentially lethal allergic reaction. Anaphylaxis can happen within minutes when a person is stung by a bee, ingests food such as shellfish or nuts, or comes in contact with something as simple as latex. Reactions can be severe, or even fatal, without prompt use of epinephrine. According to the Mayo Clinic, anaphylaxis requires an injection of epinephrine and a follow-up trip to an emergency room. If untreated, anaphylaxis can be fatal.

Children sometimes do not exhibit overt and visible symptoms after ingesting an allergen, making early diagnosis difficult. Some children may not be able to communicate their symptoms clearly because of their age or developmental challenges. Complaints such as abdominal pain, itchiness, or other discomforts may be the first signs of an allergic reaction. Signs and symptoms can become evident within a few minutes or up to 1–2 hours after ingestion of the allergen, and rarely, several hours after ingestion. Symptoms of breathing difficulty, voice hoarseness, or faintness associated with change in mood or alertness or rapid progression of symptoms that involve a combination of the skin, gastrointestinal tract, or cardiovascular symptoms signal a more severe allergic reaction (anaphylaxis) and require immediate attention. (CDC, 2013)

Use of epinephrine to respond to anaphylaxis. An epinephrine auto-injector (commonly called an “epi-pen” because its size and shape is similar to a writing pen) is a disposable medical drug delivery device that delivers a single measured dose of epinephrine, most frequently for the treatment of acute allergic reactions to avoid or treat the onset of anaphylactic shock. Anaphylactic shock can quickly cause death if untreated. Epinephrine auto-injectors can be obtained by prescription only.

California law has been amended to, among other things, permit school districts or COEs to provide emergency epinephrine auto-injectors to trained personnel, and to permit trained personnel to utilize the auto-injectors to provide emergency medical aid to persons suffering from an anaphylactic reaction.

What is a food allergy? According to the CDC, a food allergy is defined as an adverse health effect arising from a specific immune response that occurs on exposure to a given food. The immune response can be severe and life-threatening. Although the immune system normally protects people from germs, in people with food allergies, the immune system mistakenly responds to food as if it were harmful. One way that the immune system causes food allergies is by making a protein antibody called immunoglobulin E (IgE) to the food. The substance in foods that cause this reaction is called the food allergen. When exposed to the food allergen, the IgE antibodies alert cells to release powerful substances, such as histamine, that cause symptoms that can affect the respiratory system, gastrointestinal tract, skin, or cardiovascular system and lead to a life-threatening reaction called anaphylaxis.

Incidence of severe food allergy among children and youth. According to the Asthma and Allergy Foundation of America, approximately 5.6 million children or 7.6% have food allergies. In 2018, 4.8 million children under 18 years had food allergies over the previous 12 months. Milk is the most common allergen for children, followed by egg and peanut. (Gupta, 2018)

According to the CDC, food allergies among children increased by 50% between 1997 and 2011. Today one in 13 children has food allergies, and nearly 40% of these children have already experienced a severe allergic reaction. Many of these reactions happen at school.

An international study of food allergies concluded that the best available evidence indicates that food allergy has increased in many westernized countries. The authors note that, of greatest concern is the apparent escalation in prevalence in older children and teenagers, a group in which the risk of death due to food anaphylaxis is highest. (Tang, 2016)

Arguments in support. The Latino Food Allergy Network states, “Food Allergies are a growing epidemic. Of the 33 million Americans that have food allergies, 6 million are children. That breaks down to 1 in 13 kids and over 40% of those children have experienced a severe reaction. 15% of anaphylactic reactions for youth happen in a school setting. Food allergic reactions are responsible for about 90,000 emergency room visits and 150-200 deaths a year. Many deadly food allergic reactions occur outside the home. The CDC has found that two in five children with food allergies in the United States, have been treated for anaphylaxis in the emergency department. Anaphylactic food reactions have increased 377% from 2007 to 2016 across the country. California alone has seen an increase in food allergy related insurance claims of 316%, from 2009 to 2016. There is no known cure for food allergies however the known intervention medication is epinephrine. According to the American Academy of Pediatrics, delayed epinephrine administration in anaphylaxis is associated with an increased risk of hospitalization and poor outcomes, including hypoxic-ischemic encephalopathy and death.

Therefore, the need of AB 1641 is of utmost importance to ensure the proper treatment of a student anaphylactic reaction. The most powerful tool to equip a person with a food allergy is lifesaving intervention without delay. This bill will require epinephrine be located in accessible location for emergencies, expand pool of those trained in epinephrine use during emergencies and require annual notification to all about location and use of emergency epinephrine, and will help make California schools a more inclusive and safer place for ALL students.”

Related legislation. AB 2640 (Valladares) Chapter 794, Statutes of 2022, requires the CDE to create the “California Food Allergy Resource Guide” for voluntary use by LEAs to protect pupils with food allergies.

AB 1810 (Levine) Chapter 906, Statutes of 2022, authorizes a trained employee volunteer to administer emergency anti-seizure medication to a pupil upon the request of the parent, requires the development of state standards for the training, and requires the parent to provide specified information to the local educational agencies (LEAs), including a seizure action plan.

AB 2042 (Villapudua) of the 2021-22 Session would have required the Department of Social Services (DSS), by July 1, 2023, to establish an anaphylactic policy, including guidelines and procedures to be followed by child daycare personnel to prevent a child from suffering from anaphylaxis and to be used during a medical emergency resulting from anaphylaxis; also required the DSS to create informational materials on the anaphylactic policy by September 1,

2023 and distribute the materials to child daycare facilities and to post them on the DSS website. This bill was vetoed by the Governor with the following message:

It is important for all children in a child care setting to be cared for by staff who are trained to assist with their unique needs, including being able to recognize and respond to symptoms of anaphylaxis. While I appreciate the author's attention to this important matter, the bill before me creates a number of implementation concerns, including establishing multiple processes and expanding the memorandum of understanding (MOU) between the State and the CCPU.

I encourage the Legislature to work with the DSS and the Emergency Medical Services Authority, who have the expertise to develop health and safety standards, on a workable alternative that is uniform and addresses these issues.

AB 3342 (Bauer-Kahan) of the 2019-20 Session would have required the DSS to authorize child daycare facilities to keep emergency epinephrine auto-injectors onsite to be administered by trained, volunteer personnel to provide emergency medical aid to a person who is suffering, or reasonably believed to be suffering, from an anaphylactic reaction; would also have required the DSS to develop a training program for the participating personnel, which would include components, including, but not limited to, techniques for recognizing symptoms of anaphylaxis and emergency follow-up procedures. This bill was held in the Assembly Human Services Committee.

AB 1748 (Mayes) Chapter 557, Statutes of 2016, authorizes school nurses and other trained personnel to use naloxone hydrochloride (naloxone) or another opioid antagonist to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose.

AB 1386 (Low) Chapter 374, Statutes of 2016, permits a pharmacy to furnish epinephrine auto-injectors to an authorized entity if they are furnished exclusively for use at or in connection with an authorized entity; an authorized health care provider provides a prescription; and, the records are maintained by the authorized entity for three years. Requires the authorized entity to create and maintain an operations plan related to its use; and, contains specified immunity provisions.

SB 1266 (Huff) Chapter 321, Statutes of 2014, requires school districts, COEs, and charter schools to provide emergency epinephrine auto-injectors to school nurses or trained personnel who have volunteered, as specified. Authorizes school nurses or trained personnel to use the epinephrine auto-injectors to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an anaphylactic reaction.

SB 161 (Huff) Chapter 560, Statutes of 2011, authorized school districts, COEs, and charter schools to participate in a program to train nonmedical school employees who volunteer to administer emergency anti-seizure medication to students with epilepsy. The provisions in this bill were repealed on January 1, 2017.

REGISTERED SUPPORT / OPPOSITION:

Support

Allergy & Asthma Network
Allergy Strong
Asthma and Allergy Foundation of America
California Food Allergy Moms
Food Allergy & Anaphylaxis Connection Team
Food Allergy & Research Education
Latino Food Allergy Network
Nessie Bear Memorial Group
Red Sneakers for Oakley

One individual

Opposition

None on file

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