



OLR RESEARCH REPORT

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FEDERAL LEGISLATION ON EPIPENS IN SCHOOLS

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You asked about recent federal legislation requiring epinephrine auto-injectors (EpiPens) in schools, including how the legislation applies to Connecticut.

SUMMARY

On November 13, 2013, President Obama signed into law the “School Access to Emergency Epinephrine Act” (P.L. 113-48). While the act does not require schools to maintain EpiPens, it incentivizes states to require elementary and secondary schools to maintain them. It also incentivizes states to (1) permit trained school personnel to administer epinephrine to any student for an anaphylactic reaction and (2) provide civil liability protection for such personnel when aiding students in an emergency. Under the act, states adopting such laws will be given priority for federal asthma prevention and education grant funding.

Currently, Connecticut law allows school nurses and other specified personnel to administer medication, including epinephrine, to a student pursuant to a medical order and written authorization of the parent or guardian ([CGS § 10-212a](#)). However, Connecticut law does not address the issue of administering EpiPens to any student absent such authorization or schools maintaining an emergency stock of EpiPens. If Connecticut enacted legislation meeting the requirements of the federal act, the state would qualify for the funding preference as specified above.

During the 2013 legislative session, two proposed Public Health Committee bills ([HB 5537](#) and [SB 61](#)) would have allowed school nurses to administer epinephrine to a student in an emergency, without requiring a written order from the student's physician or other health care provider. One of the bills ([SB 61](#)) received a public hearing, but the committee took no further action on it.

Another proposed Education Committee bill ([SB 84](#)) would have required school bus drivers to be trained by the Connecticut School Transportation Association to administer epinephrine. It did not receive a public hearing.

Currently, four states (Louisiana, Maryland, Nebraska, and Virginia) require schools to maintain an emergency stock of EpiPens. For more information on other states' laws on this issue, see [OLR Report 2013-R-0399](#).

FEDERAL LEGISLATION

Existing federal law creates preferences in asthma grant funding to states that require public elementary and secondary schools to allow students to self-administer medication to treat asthma or anaphylaxis, under specified conditions. (Connecticut has enacted such a law, as have nearly all states.) The recently enacted School Access to Emergency Epinephrine Act creates an additional preference for such funding for states.

To qualify for such a preference, a state must require its public elementary and secondary schools to:

1. allow trained school personnel to administer epinephrine to any student reasonably believed to be having an anaphylactic reaction,
2. maintain a supply of epinephrine in a secure location easily accessible to trained personnel for this purpose, and
3. have a plan for having one or more such trained personnel on the school premises during operating hours.

For these purposes, trained personnel are individuals who have (1) been designated by the school principal or other appropriate administrative staff to administer epinephrine on a voluntary basis, outside the scope of their employment and (2) received, and documented with the school, training in administering epinephrine meeting appropriate medical standards.

To qualify for this funding preference, a state (through its attorney general) must also certify that the state has (1) reviewed any applicable civil liability protection law (i.e., a state law giving legal protection to people giving voluntary aid in an emergency) to determine how it applies to such trained personnel administering epinephrine as described above and (2) concluded that the state's law provides such personnel with adequate protection from civil liability.

JO:ts