Bill No.: HB-6368

Title: AN ACT ALLOWING EMERGENCY MEDICAL TECHNICIANS TO ADMINISTER EPINEPHRINE WITHOUT THE USE OF AUTOMATIC PREFILLED CARTRIDGE INJECTORS.

Vote Date: 3/22/2019
Vote Action: Joint Favorable
PH Date: 2/11/2019

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SPONSORS OF BILL:
Public Health Committee

REASONS FOR BILL:

This legislation enables emergency medical technicians (EMTs) who have been trained in administering epinephrine to order the medication without utilizing a prefilled cartridge injector, which is current practice under the law. The bill requires that EMTs still administer epinephrine in accordance with written procedure and the guidelines set forth by a hospital’s emergency department director.

RESPONSE FROM ADMINISTRATION/AGENCY:

Commissioner Raul Pino, Connecticut Department of Public Health (DPH): The Department’s Office of Emergency Medical Services (OEMS) and the Connecticut Emergency Medical Services Advisory Board (CEMSAB) both proposed an increased scope of practice for EMS workers. Currently, an EMT is allowed to “manually draw epinephrine from a 1mg/mL epinephrine vial using a needle and syringe and administer the drug intramuscularly in adult and pediatric patients to respond to anaphylaxis or serious allergic reaction.” An EMT can perform such duties with the approval of the EMS medical director’s sponsor hospital. The curriculum has been reviewed and approved by the OEMS and CEMSAB. It is more cost effective to have EMTs draw epinephrine from vial rather than a prefilled cartridge because the cost per vial is lower than that of a cartridge. EMS personnel work under the guidance of sponsor hospitals and statewide protocols. These procedures were established in 2016 and were sanctioned unanimously to establish a uniform standard of patient care in the state. Any deviation from such protocols should be documented and approved by the boards outlined above. This type of collective organization allows for
continuing quality medical care. Overall, DPH will provide the necessary materials upon request; however, this legislation is not necessary given the procedures already outlined.

**NATURE AND SOURCES OF SUPPORT:**

**Greg Allard, Vice President, American Ambulance Service, Inc.:** Mr. Allard supports the concept of this bill though he believes that the concern has already been addressed. The CT EMS Advisory Board’s Medical Advisory Committee and Education and Training Committee have taken steps to incorporate this development into their curriculum. The curriculum is currently awaiting approval from DPH, and the Advisory Board anticipates they will receive at the next meeting.

**NATURE AND SOURCES OF OPPOSITION:**

**Mary Jane Williams, Chairperson of the Government Relations Committee, Connecticut Nurses’ Association:** Ms. Williams opposes this legislation because prefilled cartridges ensure patient safety in an emergency situation. Auto injectors have fixed dosing and guarantee that the right quantity of epinephrine is administered due to the consistent delivery force. They are built for a quick reaction, as seconds count in a life-threatening allergic reaction. In addition to accuracy and speed, auto injectors remove the challenge of having to draw epinephrine out of a vial in a moving vehicle. Patients in an emergency or life-threatening situation need to reach professionals who are prepared to react to events that EMTs are not trained to handle such as the need to intubate a patient. This poses a potential danger to the patient. Ms. Williams also notes that this legislation would require more training for EMTs. While EMTs are well-trained, the task of administering epinephrine from a vial requires a great deal of knowledge and training. When an individual is having an allergic reaction, it is important that critical errors are not made. The idea of reducing cost is also “misguided.” While it is significant to reduce health care costs, other options should be considered.

Reported by:  Meagan Schantz  Date: 3/26/19