



Councilmember David Grosso

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A PROPOSED RESOLUTION

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To declare the existence of an emergency, due to Congressional review, with the respect to the need amend the Student Access to Treatment Act of 2007 to authorize employees and agents of public schools certified under the Office of the State Superintendent of Education’s epinephrine administration training program to administer a designated epinephrine auto-injector to a student to whom it is prescribed.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the “Access to Emergency Epinephrine in Schools Clarification Congressional Review Emergency Declaration Resolution of 2017”.

Sec. 2. (a) In 2015, the Council passed the Access to Emergency Epinephrine in Schools Amendment Act of 2015 (“Access to Emergency Epinephrine in Schools”), effective March 9, 2016 (D.C. Law 21-77; D.C. Official Code § 38-651.01 *et seq.*) in order to increase access to epinephrine for students and adults in schools.

(b) Epinephrine, a self-injectable medication, is a first-line treatment for anaphylaxis reactions. Without immediate treatment, anaphylaxis can worsen quickly and lead to severe injury or death within 15 minutes. This window is often not enough time for emergency response units to arrive and administer this medication. For this reason, the legislation authorized public schools to possess undesignated epinephrine injectors and directed the Office of the State Superintendent of Education (“OSSE”) to develop and implement a standalone epinephrine

34 administration training program for employees and agents of a school. Undesignated epinephrine
35 injectors are obtained without a prescription for a particular person.

36 (c) Prior to the passage of the Access to Emergency Epinephrine in Schools, the only way
37 an employee or agent of school could legally administer epinephrine to a person suffering an
38 episode of anaphylaxis was through completing the Department of Health's Administration of
39 Medicine ("AOM") training program for school-based personnel. AOM is comprehensive in
40 nature and requires staff to take three and a half days off of work to complete. The length of the
41 AOM training program limits the number of staff that can be trained in epinephrine
42 administration. The Council's goal was to increase access in this regard.

43 (d) OSSE has created an online training module on the administration of epinephrine that
44 can be completed by staff in a matter of minutes. Similar standalone trainings are offered in other
45 jurisdictions that require a school to stock epinephrine including neighboring Maryland and
46 Virginia.

47 (e) On September 9, 2016, OSSE released draft regulations to implement Access to
48 Emergency Epinephrine in Schools and after reviewing it has come to the Council's attention
49 that the law still has a barrier to increasing access to epinephrine.

50 (f) The Access to Emergency Epinephrine in Schools law states that an employee or
51 agent of a school who is certified through OSSE may administer an undesignated epinephrine
52 auto-injector to a student who the employee or agent believes in good faith to be suffering or
53 about to suffer an anaphylactic episode. Although there is no difference in training necessary for
54 administering a designated versus undesignated epinephrine auto-injector, the law is being
55 interpreted to mean that employees or agents of a school certified through OSSE's training
56 program can only administer undesignated epinephrine injectors. Thus, if a student with a known

57 allergy is suffering an anaphylactic episode and has their own designated epinephrine auto-
58 injector stored at the school, only school-based staff that has completed the Department of
59 Health's AOM training would legally be able to administer the life-saving medication.

60 (g) The Council's intent in passing the Access to Emergency Epinephrine in Schools
61 legislation was to increase access to emergency epinephrine in schools in a number of ways,
62 including increasing the number of school-based employees who are trained in administering the
63 medication.

64 (h) Therefore, on October 11, 2016, the Council passed the Access to Emergency
65 Epinephrine in Schools Clarification Emergency Amendment Act of 2016 (D.C. Act 21-527; 63
66 DCR 13609) to amend existing law to ensure that employees or agents of a school that is
67 certified through OSSE's administration of epinephrine training can legally administer both
68 designated and undesignated epinephrine auto-injectors to a student who the employee or agent
69 believes in good faith to be suffering or about to suffer an anaphylactic episode. It expires on
70 January 29, 2017.

71 (i) Temporary legislation, the Access to Emergency Epinephrine in Schools Clarification
72 Temporary Amendment Act of 2016 (D.C. Act 21-537 63 DCR 14351) was signed by the Mayor
73 on November 18, 2016. It has not yet been transmitted to Congress for the 30-day review period
74 required by section 602(c)(1) of the District of Columbia Home Rule Act, approved December
75 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)).

76 (j) A congressional review emergency is needed to prevent a gap in the law as school-
77 based personnel have already begun the OSSE training.

78 Sec. 3. The Council of the District of Columbia determines that the circumstances
79 enumerated in section 2 constitute emergency circumstances making it necessary that the

80 “Access to Emergency Epinephrine in Schools Clarification Congressional Review Emergency
81 Amendment Act of 2017” be adopted after a single reading.

82 Sec. 4. This resolution shall take effect immediately.