

A RESOLUTION

22-7

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

January 10, 2017

To declare the existence of an emergency, due to congressional review, with respect to the need to 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 administration training program for employees and agents of a school. Undesignated epinephrine injectors are obtained without a prescription for a particular person.

(c) Before the passage of the Access to Emergency Epinephrine in Schools, the only way an employee or agent of school could legally administer epinephrine to a person suffering an episode of anaphylaxis was through completing the Department of Health’s Administration of Medicine (“AOM”) training program for school-based personnel. AOM is comprehensive in nature and requires staff to take 3½ days off of work to complete. The length of the AOM training program limits the number of staff that can be trained in epinephrine administration. The Council’s goal was to increase access in this regard.

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

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

(f) The Access to Emergency Epinephrine in Schools states that an employee or agent of a school who is certified through OSSE may administer an undesignated epinephrine auto-injector to a student who the employee or agent believes in good faith to be suffering or about to suffer an anaphylactic episode. Although there is no difference in training necessary for administering a designated versus undesignated epinephrine auto-injector, the law is being interpreted to mean that employees or agents of a school certified through OSSE's training program can only administer undesignated epinephrine injectors. Thus, if a student with a known allergy is suffering an anaphylactic episode and has their own designated epinephrine auto-injector stored at the school, only school-based staff that has completed the Department of Health's AOM training would legally be able to administer the life-saving medication.

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

(h) Therefore, on October 11, 2016, the Council passed the Access to Emergency Epinephrine in Schools Clarification Emergency Amendment Act of 2016, effective October 31, 2016 (D.C. Act 21-527; 63 DCR 13609) to amend existing law to ensure that an employee or agent of a school that is certified through OSSE's administration of epinephrine training can legally administer both designated and undesignated epinephrine auto-injectors to a student who the employee or agent believes in good faith to be suffering or about to suffer an anaphylactic episode. Act 21-527 will expire on January 29, 2017.

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

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

Sec. 3. The Council of the District of Columbia determines that the circumstances enumerated in section 2 constitute emergency circumstances making it necessary that the Access to Emergency Epinephrine in Schools Clarification Congressional Review Emergency Amendment Act of 2017 be adopted after a single reading.

Sec. 4. This resolution shall take effect immediately.