

## Substitute Senate Bill 6421 Status Update Epinephrine autoinjectors and anaphylaxis training and reporting for authorized entities

In 2016, a state law was enacted that allows healthcare providers to prescribe epinephrine autoinjectors to authorized entities. These are places such as restaurants, amusement parks, colleges, and camps.

The law requires, in part:

- 1) Authorized entities to report to the Washington State Department of Health (department) when an incident has occurred that required the use of the epinephrine autoinjector.
- 2) The department to publish an annual report on the incident reports received.

The department is in the process of implementing this new law through rulemaking. As such, we have no data to report. In lieu of an incident report, we are providing information on the law and our implementation timeline.

## I. Background

In 2016, the Washington State Legislature enacted Substitute Senate Bill (SSB) 6421 (Chapter 10, Laws of 2016), codified as RCW 70.54.440. This new law applies to authorized entities choosing to obtain epinephrine autoinjectors. Before an authorized entity may obtain epinephrine autoinjectors, employees or representatives connected with the entity must complete an anaphylaxis and epinephrine autoinjector training.

The new law addresses:

- Access to epinephrine autoinjectors;
- Storage and maintenance of epinephrine autoinjectors;
- Training standards on recognizing anaphylaxis, storing and administering an epinephrine autoinjector, and emergency follow-up procedures;
- Training verification; and
- Incident reporting of epinephrine autoinjector use by authorized entities.

The department's rules will address many of these topic areas.

## II. Implementation Plan

October 2016 CR-101		April 2017 DOH Webpage: FAQ & Reporting Tool		October 2017 Rule Public Hearing		July 2018 Publish Incident Report data		
June 20 SSB 642		March 2017 Policy Stater		September 202 CR-102	17	January 2018 Rules effectiv		

October 2016. The department filed a preproposal statement of inquiry (CR-101) to begin rule making.

*March 2017.* The department published a <u>policy statement</u> to communicate to authorized entities that the department recognizes the American Red Cross as a nationally recognized organization experienced in anaphylaxis and autoinjector training for the purposes of RCW 70.54.440. The Red Cross was identified as the only nationally recognized training organization specifically meeting the statute requirements.

*April 2017.* The department published a <u>webpage</u> with information to assist the public, authorized entities, prescribers, dispensers, and training providers with interpreting and adhering to the requirements of the law. The information is presented in a frequently asked questions format. The webpage also includes a link for authorized entities to report incidents of epinephrine autoinjector use. As of July 2017, there have been no reported incidents.

September 2017. The department is scheduled to file the CR-102 Proposed Rule Making with the Code Reviser's Office on September 6, 2017. The filing will include proposed rule language and a significant analysis to address the cost benefit of the proposed rules. The department solicited input to the rule language from stakeholders which included authorized entities, training providers, and health professionals.

October 12, 2017. Scheduled public rules hearing.

January 2018. Anticipated month the rules will be effective.

*July 2018.* As directed by RCW 70.54.440 (6), the department will publish an incident report summarizing each reported use of epinephrine autoinjector by an authorized entity. The report will include the following information:

- Type of authorized entity,
- Date and location of the incident,
- Recipient information to include age, gender, and cause and symptoms of the allergic reaction,
- If emergency services (911) were called,
- If the autoinjector was provided or administered to the recipient, and
- The person's name who administered or provided the autoinjector to the individual experiencing anaphylaxis (unless self-administered or administered by a family member).