

# Senate Bill 1

Sponsored by Senators WAGNER, WEBER

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: Allows for the use of epinephrine in schools by means other than shots. (Flesch Readability Score: 76.5).

Allows for the provision of epinephrine in schools by methods other than injections. Broadens the training requirements related to the administration of epinephrine.

## A BILL FOR AN ACT

1  
2 Relating to the administration of epinephrine; amending ORS 339.866, 339.867, 339.871, 433.815 and  
3 433.817.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1.** ORS 339.866 is amended to read:

6 339.866. (1) As used in this section:

7 (a) "Asthma" means a chronic inflammatory disorder of the airways that requires ongoing med-  
8 ical intervention.

9 (b) "Medication" means any prescription for bronchodilators or [*autoinjectable*] **any premeas-**  
10 **ured doses of** epinephrine prescribed by a student's Oregon licensed health care professional for  
11 asthma or severe allergies.

12 (c) "Severe allergy" means a life-threatening hypersensitivity to a specific substance such as  
13 food, pollen or dust.

14 (2) A school district board shall adopt policies and procedures that provide for self-  
15 administration of medication by kindergarten through grade 12 students with asthma or severe  
16 allergies:

17 (a) In school;

18 (b) At a school-sponsored activity;

19 (c) While under the supervision of school personnel;

20 (d) In before-school or after-school care programs on school-owned property; and

21 (e) In transit to or from school or school-sponsored activities.

22 (3) The policies and procedures shall:

23 (a) Require that an Oregon licensed health care professional prescribe the medication to be used  
24 by the student during school hours and instruct the student in the correct and responsible use of  
25 the medication;

26 (b) Require that an Oregon licensed health care professional, acting within the scope of the  
27 person's license, formulate a written treatment plan for managing the student's asthma or severe  
28 allergy and for the use of medication by the student during school hours;

29 (c) Require that the parent or guardian of the student submit to the school any written doc-  
30 umentation required by the school, including any documents related to liability;

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 (d) Require that backup medication, if provided by a student’s parent or guardian, be kept at the  
 2 student’s school in a location to which the student has immediate access in the event the student  
 3 has an asthma or severe allergy emergency;

4 (e) Require the establishment of a process by which the parent or guardian of a student may  
 5 request in writing that backup prescribed [*autoinjectable*] epinephrine be kept at a reasonably secure  
 6 location in a student’s classroom if:

7 (A) The location identified under paragraph (d) of this subsection is not the student’s classroom;  
 8 and

9 (B) A licensed health care professional verifies in writing that lack of immediate access to  
 10 [*autoinjectable*] epinephrine may be life threatening to the student;

11 (f) Require that a school request from the student’s parent or guardian that the parent or  
 12 guardian provide medication for emergency use by the student; and

13 (g) Allow a school to revoke its permission for a student to self-administer medication if the  
 14 student does not responsibly self-administer the medication or abuses the use of the medication.

15 (4) A school district board may impose other policies and procedures that the board determines  
 16 are necessary to protect a student with asthma or a severe allergy.

17 (5) A school district board may not require school personnel who have not received appropriate  
 18 training to assist a student with asthma or a severe allergy with self-administration of medication.

19 (6) This section does not apply to youth correction facilities.

20 **SECTION 2.** ORS 339.867 is amended to read:

21 339.867. As used in ORS 339.869 and 339.870:

22 (1)(a) “Medication” means:

23 (A) Medication that is not injected;

24 (B) Premeasured doses of epinephrine [*that are injected*];

25 (C) Medication that is available for treating adrenal insufficiency; and

26 (D) Naloxone or any similar medication that is in any form available for safe administration and  
 27 that is designed to rapidly reverse an overdose of an opioid drug.

28 (b) “Medication” does not include nonprescription sunscreen.

29 (2) “Opioid overdose” has the meaning given that term in ORS 689.800.

30 (3) “Short-acting opioid antagonist” has the meaning given that term in ORS 689.800.

31 **SECTION 3.** ORS 339.871 is amended to read:

32 339.871. (1) A school administrator, school nurse, teacher or other school employee designated  
 33 by the school administrator is not liable in a criminal action or for civil damages as a result of a  
 34 student’s self-administration of medication, as described in ORS 339.866, if the school administrator,  
 35 school nurse, teacher or other school employee, in compliance with the instructions of the student’s  
 36 Oregon licensed health care professional, in good faith assists the student’s self-administration of the  
 37 medication, if the medication is available to the student pursuant to written permission and in-  
 38 structions of the student’s parent, guardian or Oregon licensed health care professional.

39 (2) A school administrator, school nurse, teacher or other school employee designated by the  
 40 school administrator is not liable in a criminal action or for civil damages as a result of the use of  
 41 medication if the school administrator, school nurse, teacher or other school employee in good faith  
 42 administers [*autoinjectable*] a **premeasured dose** of epinephrine to a student or other individual  
 43 with a severe allergy who is unable to self-administer the medication, regardless of whether the  
 44 student or individual has a prescription for epinephrine.

45 (3) A school district and the members of a school district board are not liable in a criminal

1 action or for civil damages as a result of the use of medication if:

2 (a) Any person in good faith administers [*autoinjectable*] a **premeasured dose of** epinephrine to  
 3 a student or other individual with a severe allergy who is unable to self-administer the medication,  
 4 regardless of whether the student or individual has a prescription for epinephrine; and

5 (b) The person administered the [*autoinjectable*] **premeasured dose of** epinephrine on school  
 6 premises, including at a school, on school property under the jurisdiction of the district or at an  
 7 activity under the jurisdiction of the school district.

8 (4) The civil and criminal immunities imposed by this section do not apply to an act or omission  
 9 amounting to gross negligence or willful and wanton misconduct.

10 **SECTION 4.** ORS 433.815, as amended by section 83, chapter 73, Oregon Laws 2024, is amended  
 11 to read:

12 433.815. (1) Educational training on the treatment of allergic responses, as required by ORS  
 13 433.800 to 433.830, shall be conducted by a physician, physician associate or nurse practitioner. The  
 14 training may be conducted by any other health care professional licensed under ORS chapter 678  
 15 as assigned by a physician, physician associate or nurse practitioner, or by an emergency medical  
 16 services provider meeting the requirements established by the Oregon Health Authority by rule. The  
 17 curricula shall include, at a minimum, the following subjects:

18 (a) Recognition of the symptoms of systemic allergic responses to insect stings and other  
 19 allergens;

20 (b) Familiarity with common factors that are likely to elicit systemic allergic responses;

21 (c) Proper administration of [*an intramuscular or subcutaneous injection of*] **premeasured doses**  
 22 **of epinephrine, including administration by intramuscular or subcutaneous injection,** for se-  
 23 vere allergic responses to insect stings and other specific allergens; and

24 (d) Necessary follow-up treatment.

25 (2) Educational training on the treatment of hypoglycemia, as required by ORS 433.800 to  
 26 433.830, shall be conducted by a physician, physician associate, nurse practitioner or any other  
 27 health care professional licensed under ORS chapter 678. The curricula shall include, at a minimum,  
 28 the following subjects:

29 (a) Recognition of the symptoms of hypoglycemia;

30 (b) Familiarity with common factors that may induce hypoglycemia;

31 (c) Proper administration of a subcutaneous injection of glucagon for severe hypoglycemia when  
 32 other treatment has failed or cannot be initiated; and

33 (d) Necessary follow-up treatment.

34 (3) Educational training on the treatment of adrenal insufficiency, as required by ORS 433.800  
 35 to 433.830, shall be conducted by a physician, physician associate, nurse practitioner or any other  
 36 health care professional licensed under ORS chapter 678. The curricula shall include, at a minimum,  
 37 the following subjects:

38 (a) General information about adrenal insufficiency and the dangers associated with adrenal in-  
 39 sufficiency;

40 (b) Recognition of the symptoms of a person who is experiencing an adrenal crisis;

41 (c) The types of medications that are available for treating adrenal insufficiency; and

42 (d) Proper administration of medications that treat adrenal insufficiency.

43 **SECTION 5.** ORS 433.817 is amended to read:

44 433.817. Educational training on the treatment of allergic responses, as required by ORS 433.800  
 45 to 433.830, may be conducted by a public health authority or organization or by any other entity

1 or individual approved by the Oregon Health Authority by rule. The training curricula under this  
2 section must include the following subjects:

3 (1) Recognition of the symptoms of systemic allergic responses to insect stings and other  
4 allergens;

5 (2) Familiarity with common factors that are likely to elicit systemic allergic responses;

6 (3) Proper administration of [*an intramuscular or subcutaneous injection of*] **premeasured doses**  
7 **of epinephrine, including administration by intramuscular or subcutaneous injection,** for se-  
8 vere allergic responses to insect stings and other specific allergens; and

9 (4) Necessary follow-up treatment.

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