Increasing Access to Epinephrine

By Ashley A. Noble

Severe allergic reactions, termed anaphylaxis, result in hundreds of known deaths in the United States annually and are responsible for hundreds of thousands of emergency room visits each year. Children are at particular risk of developing anaphylaxis due to their relative size, inexperience with allergens and limited ability to understand risk. Although the existence of allergens and allergies cannot be legislated out of existence, the ready availability of epinephrine auto-injectors can be a valuable tool in preventing anaphylaxis-related deaths and complications. Epinephrine, which is in a class of medications called alpha- and beta-adrenergic agonists, works by relaxing the muscles in the airways and tightening the blood vessels. Responding to the risks associated with anaphylaxis by ensuring that epinephrine is widely available continues to be of interest in the states.

State Action

Every state and the District of Columbia have enacted laws addressing the storage or use of epinephrine in schools. However, because it is virtually impossible to avoid contact with allergens in all circumstances, some states have enacted or introduced legislation to increase the availability of epinephrine auto-injectors in other settings.

Eighteen states enacted laws authorizing entities—that is, places or facilities in addition to schools—to keep stocks of epinephrine in 2015. They are Arkansas, Colorado, Georgia, Indiana, Iowa, Kentucky, Maine, Maryland, Michigan, Minnesota, Nevada, New Jersey, North Carolina, Oklahoma, Utah, West Virginia, Washington and Wisconsin. A total of 26 states currently allow non-school entities to possess stocks of epinephrine, or allow children to self-administer epinephrine within such facilities.

The types of facilities covered under the definition of an “entity” vary somewhat by state. For example, Michigan HB 4438, enacted in 2015, defines an authorized entity as either a

Did You Know?

• More than 60 percent of anaphylaxis cases were triggered by food or medication, according to a 2014 study.
• The most common food allergy trigger is peanuts and the most common drug allergy trigger is penicillin.
• All 50 states allow epinephrine use in schools.
school board or “[a] person or governmental entity that operates or conducts a business or activity at which allergens capable of causing anaphylaxis may be present, including, but not limited to, a recreation camp, youth sports league, amusement park, nonpublic school, religious institution, or sports arena.”

North Carolina uses similar terms, including in its definition recreation camps, colleges, universities, day care facilities, youth sports leagues, amusement parks, restaurants, places of employment and sports arenas. Georgia’s law empowers the state Department of Public Health to determine the types of facilities included in the definition of an authorized entity, while also identifying facilities such as restaurants, recreation camps, youth sports leagues, theme parks and resorts, and sports arenas. A number of states enacted laws addressing the availability of epinephrine in child care and recreational camp settings prior to 2015. For example, in Illinois, Maine, Michigan and New Hampshire, children who attend a camp may self-administer epinephrine in the event of an allergic reaction.

In addition to expanding the availability of epinephrine in various settings, some states have also expanded the scope of practice of pharmacists to administer epinephrine injections. For example, Alaska enacted a 2015 bill allowing pharmacists to administer epinephrine should a patient who received a pharmacist-administered vaccine suffer an allergic reaction.

States have also taken steps to address potential liability issues associated with a layperson administering epinephrine to someone who appears to be exhibiting the symptoms of anaphylaxis. State Good Samaritan laws protect a person from liability when providing someone with assistance unless there is willful misconduct or gross negligence on the part of the person providing assistance. Each state that has authorized entities to stock and/or administer epinephrine has also enacted laws that similarly protect both the entities and the laypeople from liability. California limits the liability of prescribers who issue epinephrine prescriptions to schools in the absence of negligence.

Federal Action
The School Access to Emergency Epinephrine Act was passed by Congress and signed by President Barack Obama in 2013. The law authorizes grant funds to offer schools incentives to maintain stocks of epinephrine auto-injectors. More recently, three bills were introduced in Congress that would require the Federal Aviation Administration (FAA) to issue rules to ensure stocks of epinephrine are kept on board aircraft in the event of an anaphylactic emergency. The bills, which were introduced in 2015, await further action.

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Additional Resources
Albert Einstein College of Medicine, Yeshiva University
American Academy of Asthma & Immunology
Asthma and Allergy Foundation of America
Centers for Disease Control and Prevention
Journal of Allergy and Clinical Immunology
Medline Plus
Mylan
National Center for Biotechnology Information

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