Prevention, Diagnosis, and Treatment of Asthma

This Act includes provisions to support the prevention, diagnosis, and treatment of asthma, to attempt to reduce the one-third of those with asthma that are not diagnosed, and improve control of the disease for the 30-50% that are not receiving medications to control the disease and the 80% that are not receiving annual spirometry measurements that are key in monitoring the disease.

A key section of the bill authorizes the self-administration of asthma medication in all primary and secondary schools by students, which has been previously approved by the SSL Committee. This bill expands those provisions to include school in-service training for school staff on management of students with asthma, school policies on asthma rescue procedures, and easily accessible school records on the student's treatment plan and his/her parents' application for the student to be able to self-administer medication.

For each student, the legislation also requires that a health care practitioner has written a treatment plan for managing an acute asthma episode in the student if needed, and has certified that the student has the skills to use the asthma medication or device. Parents must complete and submit any required documentation to the school for each school year.

The Act seeks to improve care by encouraging disease management programs for chronic diseases including asthma in state-purchased health care programs. Finally, the bill requires that the department of health will develop a state asthma plan based on nationally recommended guidelines, to include strategies, costs estimates and funding sources to accomplish the plan. The plan was to be completed in 2005 and reported to the legislature and updated every two years; the plan would be implemented starting in 2006 as funding became available.

Submitted as:
Washington
Substitute Senate Bill 5841
Status: Enacted into law in 2005.

Suggested State Legislation

(Title, enacting clause, etc.)

Section 1. [*Short Title.*] This Act may be cited as "An Act Relating to the Prevention, Diagnosis, and Treatment of Asthma."

Section 2. [*Legislative Findings.*] The [legislature] finds that:

(1) Asthma is a dangerous disease that is growing in prevalence in this state. An estimated five hundred thousand residents of the state suffer from asthma. Since 1995, asthma has claimed more than five hundred lives, caused more than twenty-five thousand hospitalizations with costs of more than one hundred twelve million dollars, and resulted in seven million five hundred thousand missed school days. School nurses have identified over four thousand children with life-threatening asthma in the state's schools.

(2) While asthma is found among all populations, its prevalence disproportionately affects low-income and minority populations. Untreated asthma affects worker productivity and results in unnecessary absences from work. In many cases, asthma triggers present in substandard housing and poorly ventilated workplaces contribute directly to asthma.

(3) Although research continues into the causes and cures for asthma, national consensus has been reached on treatment guidelines. People with asthma who are being treated in

accordance with these guidelines are far more likely to control the disease than those who are not being treated and therefore are less likely to experience debilitating or life-threatening asthma episodes, less likely to be hospitalized, and less likely to need to curtail normal school or work activities. With treatment, most people with asthma are able to live normal, active lives.

(4) Up to one-third of the people with asthma have not had their disease diagnosed. Among those with diagnosed asthma, thirty to fifty percent are not receiving medicines that are needed to control the disease, and approximately eighty percent of diagnosed asthmatics are not getting yearly spirometry measurements that are a key element in monitoring the disease.

Section 3. [*School Policies.*]

(1) The [superintendent of public instruction and the secretary of the department of health] shall develop a uniform policy for all school districts providing for the in-service training for school staff on symptoms, treatment, and monitoring of students with asthma and on the additional observations that may be needed in different situations that may arise during the school day and during school-sponsored events. The policy shall include the standards and skills that must be in place for in-service training of school staff.

(2) All school districts shall adopt policies regarding asthma rescue procedures for each school within the district.

(3) All school districts must require that each public elementary school and secondary school grant to any student in the school authorization for the self-administration of medication to treat that student's asthma or anaphylaxis, if:

(a) a health care practitioner prescribed the medication for use by the student during school hours and instructed the student in the correct and responsible use of the medication;

(b) the student has demonstrated to the health care practitioner, or the practitioner's designee, and a professional registered nurse at the school, the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed;

(c) the health care practitioner formulates a written treatment plan for managing asthma or anaphylaxis episodes of the student and for medication use by the student during school hours; and

(d) the student's parent or guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan formulated under (c) of this subsection and other documents related to liability.

(4) An authorization granted under subsection (3) of this section must allow the student involved to possess and use his or her medication:

(a) while in school;

(b) while at a school-sponsored activity, such as a sporting event; and

(c) in transit to or from school or school-sponsored activities.

(5) An authorization granted under subsection (3) of this section:

(a) must be effective only for the same school and school year for which it is granted; and

(b) must be renewed by the parent or guardian [each subsequent school year] in accordance with this subsection.

(6) School districts must require that backup medication, if provided by a student's parent or guardian, be kept at a student's school in a location to which the student has immediate access in the event of an asthma or anaphylaxis emergency.

(7) School districts must require that information described in subsection (3)(c) and (d) of this section be kept on file at the student's school in a location easily accessible in the event of an asthma or anaphylaxis emergency.

(8) Nothing in this section creates a cause of action or in any other way increases or diminishes the liability of any person under any other law.

Section 4. [*Health Care Agency Policies.*]

(1) The [authority] shall coordinate state agency efforts to develop and implement uniform policies across state purchased health care programs that will ensure prudent, cost-effective health services purchasing, maximize efficiencies in administration of state purchased health care programs, improve the quality of care provided through state purchased health care programs, and reduce administrative burdens on health care providers participating in state purchased health care programs. The policies adopted should be based, to the extent possible, upon the best available scientific and medical evidence and shall endeavor to address:

(a) methods of formal assessment, such as health technology assessment. Consideration of the best available scientific evidence does not preclude consideration of experimental or investigational treatment or services under a clinical investigation approved by an institutional review board;

(b) monitoring of health outcomes, adverse events, quality, and cost-effectiveness of health services;

(c) development of a common definition of medical necessity; and

(d) exploration of common strategies for disease management and demand management programs, including asthma, diabetes, heart disease, and similar common chronic diseases. Strategies to be explored include individual asthma management plans. On [January 1, 2007, and January 1, 2009], the [authority] shall issue a status report to the [legislature] summarizing any results it attains in exploring and coordinating strategies for asthma, diabetes, heart disease, and other chronic diseases.

(2) The administrator may invite health care provider organizations, carriers, other health care purchasers, and consumers to participate in efforts undertaken under this section.

(3) For the purposes of this section, "best available scientific and medical evidence" means the best available external clinical evidence derived from systematic research.

Section 5. [*State Asthma Plan.*]

(1) The [department], in collaboration with its public and private partners, shall design a state asthma plan, based on clinically sound criteria including nationally recognized guidelines such as those established by the national asthma education prevention partnership expert panel report guidelines for the diagnosis and management of asthma.

(2) The plan shall include recommendations in the following areas:

(a) evidence-based processes for the prevention and management of asthma;

(b) data systems that support asthma prevalence reporting, including population disparities and practice variation in the treatment of asthma;

(c) quality improvement strategies addressing the successful diagnosis and management of the disease; and

(d) cost estimates and sources of funding for plan implementation.

(3) The [department] shall submit the completed state plan to the [governor and the legislature] by [insert date]. After the initial state plan is submitted, the [department] shall provide progress reports to the [governor and the legislature] on a [biennial] basis beginning [December 1, 2007].

(4) The [department] shall implement the state plan recommendations made under subsection (2) of this section only to the extent that federal, state, or private funds, including grants, are available for that purpose.

Section 6. [*Severability*.] [Insert severability clause.]

Section 7. [*Repealer*.] [Insert repealer clause.]

Section 8. [*Effective Date.*] [Insert effective date.]