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STATE REPRESENTATIVE • 2nd ASSEMBLY DISTRICT

Hearing Testimony
Assembly Committee on Health
July 29, 2021
Assembly Bill 337

Chairman Sanfelippo and members of the Assembly Committee on Health – thank you for giving me the opportunity to speak on AB 337, relating to use of epinephrine prefilled syringes and standing orders for epinephrine.

2017 Wisconsin Act 133, known as Dillon’s Law, was signed into law as common-sense legislation to avoid unfortunate situations where there is a lack of access to epinephrine. The previous bill is named after Dillon Mueller, who unfortunately died due to a severe allergic reaction from a bee sting when no epinephrine was available. You will hear from his family later.

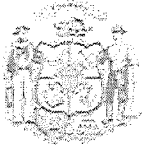
This bill expands Dillon’s Law for ease of use at the request by epinephrine administration trainers. It allows prescribers to issue a standing order for epi-auto-injectors and epi-syringes, requires a physician at DHS to issue a statewide standing order for both epi products, and adds new anaphylaxis counteraction epi products that have come on the market to be available to trained individuals by adding prefilled syringes to the allowed authorization granted for prescription, possession, and administration of epi-auto-injectors in current law.

Assembly Amendment 1, at the request of the Wisconsin Association of School Nurses, allows the use of prefilled syringes by school staff.

Additionally, we all know epi-pens are difficult to access because they are terribly expensive due to the patent of the auto-inject system. This bill will create better competition in the market by creating better access to pre-filled syringes and hopefully lower prices.

Assembly Bill 337 is supported by the Wisconsin EMS Association, Wisconsin Nurses Association, Pharmacy Society of Wisconsin, Wisconsin Academy of Physician Assistants, Wisconsin Association of Osteopathic Physicians and Surgeons, and Wisconsin Academy of Family Physicians.

I appreciate the opportunity to testify on this bill and would gladly answer any questions the committee may have.



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*Testimony before the Assembly Committee on Health
Senator André Jacque
July 29, 2021*

Chairman Sanfelippo and Committee Members,

Thank you for holding this hearing on Assembly Bill 337, lifesaving legislation relating to use of epinephrine prefilled syringes and standing orders for epinephrine.

Anaphylaxis occurs when someone suffers a severe and life-threatening allergic reaction, most commonly from insect stings, food items and medications. Anaphylaxis results in approximately 1,500 deaths annually, in addition to roughly 90,000 emergency department visits each year in the U.S. from food allergies alone. Prompt recognition of signs and symptoms is crucial, as failure to administer epinephrine early in the course of treatment has been repeatedly implicated in anaphylaxis fatalities. The more rapidly anaphylaxis develops, the more likely the reaction will be severe and potentially life-threatening. Many times anaphylaxis occurs in the absence of a known allergic trigger, making legislation to allow increased access to epinephrine auto injectors that much more important. It is widely recognized that epinephrine auto-injectors are generally safe and easy to administer, even by people with no medical background.

Two sessions ago, the Wisconsin legislature passed 2017 Assembly Bill 96, common-sense legislation better known as Dillon's Law (named after Dillon Mueller of Mishicot who was killed by a severe allergic reaction from a bee sting when no epinephrine was available in the first aid kits of either the Eagle Scout with him, or the arriving volunteer first responders). This bi-partisan proposal built upon Wisconsin's past legislative efforts which have recognized that increased training and availability of epinephrine auto-injectors provide a lifesaving response to anaphylaxis within our communities.

2015 Wisconsin Act 35 allowed businesses and organizations in Wisconsin to undergo the proper training to obtain epinephrine auto-injectors for emergency administration to individuals suffering a severe allergic reaction (also known as anaphylaxis). Dillon's Law expanded the opportunity for Good Samaritans to provide this life-saving care, extending to all properly-trained individuals the ability to be prescribed an epinephrine auto-injector for emergency use regardless of business or organizational affiliation. Since its enactment in Wisconsin, Dillon's Law has allowed for the training of hundreds of individuals and already resulted in saving at least 7 lives, and several states are in the process of passing their own version of Dillon's Law, like Minnesota and Indiana accomplished while enacting nearly identical provisions within the past two years.

Assembly Bill 337 expands Dillon’s Law for ease of use with three modifications requested by epinephrine administration trainers, including the Wisconsin Association of Osteopathic Physicians and Surgeons:

1) The proposal allows prescribers to issue a standing order for epinephrine auto-injectors and prefilled epinephrine syringes. This mirrors the current authorization for prescribers to issue standing orders for naloxone, which is the drug that counteracts an opioid overdose. Generally, this would eliminate the need for an authorized entity or authorized individual to keep returning to the prescriber for prescriptions for epinephrine auto injectors.

2) The proposal requires a physician at the Department of Health Services to issue a statewide standing order for epinephrine auto injectors or prefilled syringes. DHS issued such a standing order for naloxone and under that standing order a pharmacy submits a request to DHS to dispense naloxone under the standing order. The proposal requires that DHS do the same sort of procedure for epinephrine auto injectors or prefilled syringes.

3) The proposal would add new anaphylaxis counteraction epinephrine products that have come on the market, such as Symjepi, to be available to trained individuals including first responders by adding prefilled syringes of epinephrine to the allowed authorizations granted for prescription, possession, and administration of epinephrine auto-injectors in current law. Prefilled syringes have been shown to be a sterile, stable, lower cost epinephrine dispensing alternative, and are more popular with some first responders because of greater certainty with the injection site. A “prefilled syringe” is defined in the bill as “a device that contains a dose of epinephrine and that is used for the manual injection of epinephrine into the human body to prevent or treat a life-threatening allergic reaction.”

This proposal is identical to 2019 SB 759 and has received support from:

- Wisconsin EMS Association
- Wisconsin Nurses Association
- Wisconsin Medical Society
- Pharmacy Society of Wisconsin
- Wisconsin Academy of Physician Assistants
- Wisconsin Association of Osteopathic Physicians and Surgeons
- Wisconsin Academy of Family Physicians


Thank you for your consideration of Assembly Bill 337.

Recognize and Respond to Anaphylaxis

For a suspected or active food allergy reaction

FOR ANY OF
THE FOLLOWING

SEVERE SYMPTOMS

-  **LUNG:** Short of breath, wheezing, repetitive cough
-  **HEART:** Pale, blue, faint, weak pulse, dizzy
-  **THROAT:** Tight, hoarse, trouble breathing/swallowing
-  **MOUTH:** Significant swelling of the tongue, lips
-  **SKIN:** Many hives over body, widespread redness
-  **GUT:** Repetitive vomiting, severe diarrhea
-  **OTHER:** Feeling something bad is about to happen, anxiety, confusion

OR MORE
THAN ONE

MILD SYMPTOM

-  **NOSE:** Itchy/runny nose, sneezing
-  **MOUTH:** Itchy mouth
-  **SKIN:** A few hives, mild itch
-  **GUT:** Mild nausea/discomfort

**1 INJECT
EPINEPHRINE
IMMEDIATELY**

2 Call 911
Request ambulance
with epinephrine.

Consider Additional Meds

(After epinephrine):

- » Antihistamine
- » Inhaler (bronchodilator) if asthma

Positioning

Lay the person flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.

Next Steps

- » If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- » Transport to and remain in ER for at least 4 hours because symptoms may return.

Do not depend on antihistamines. When in doubt, give epinephrine and call 911.



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