FIRST REGULAR SESSION

HOUSE COMMITTEE SUBSTITUTE FOR

HOUSE BILL NOS. 222 & 580

103RD GENERAL ASSEMBLY

0551H.02C JOSEPH ENGLER, Chief Clerk

AN ACT

To repeal section 196.990, RSMo, and to enact in lieu thereof two new sections relating to allergies in child care facilities.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 196.990, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 196.990 and 210.225, to read as follows:

196.990. 1. As used in this section, the following terms shall mean:

(1) "Administer", the direct application of an epinephrine **[**~~auto-injector~~**]** **delivery device** to the body of an individual;

(2) "Authorized entity", any entity or organization at or in connection with which allergens capable of causing anaphylaxis may be present including, but not limited to, qualified first responders, as such term is defined in section 321.621, restaurants, recreation camps, youth sports leagues, **child care facilities,** amusement parks, and sports arenas. "Authorized entity" shall not include any public school or public charter school;

(3) "Epinephrine **[**~~auto-injector~~**]** **delivery device**", a single-use device used for the **[**~~automatic injection~~**]** **delivery** of a premeasured dose of epinephrine into the human body;

(4) "Physician", a physician licensed in this state under chapter 334;

(5) "Provide", the supply of one or more epinephrine **[**~~auto-injectors~~**]** **delivery devices** to an individual;

(6) "Self-administration", a person's discretionary use of an epinephrine **[**~~auto-injector~~**]** **delivery device**.

2. A physician may prescribe epinephrine **[**~~auto-injectors~~**]** **delivery devices** in the name of an authorized entity for use in accordance with this section, and pharmacists, physicians, and other persons authorized to dispense prescription medications may dispense

EXPLANATION — Matter enclosed in bold-faced brackets **[**~~thus~~**]** in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

epinephrine **[**~~auto-injectors~~**] delivery devices** under a prescription issued in the name of an authorized entity.

3. An authorized entity may acquire and stock a supply of epinephrine **[**~~auto-injectors~~**] delivery devices** under a prescription issued in accordance with this section. Such epinephrine **[**~~auto-injectors~~**] delivery devices** shall be stored in a location readily accessible in an emergency and in accordance with the epinephrine **[**~~auto-injector's~~**] delivery device's** instructions for use and any additional requirements established by the department of health and senior services by rule. An authorized entity shall designate employees or agents who have completed the training required under this section to be responsible for the storage, maintenance, and general oversight of epinephrine **[**~~auto-injectors~~**] delivery devices** acquired by the authorized entity.

4. An authorized entity that acquires a supply of epinephrine **[**~~auto-injectors~~**] delivery devices** under a prescription issued in accordance with this section shall ensure that:

(1) Expected epinephrine **[**~~auto-injector~~**] delivery device** users receive training in recognizing symptoms of severe allergic reactions including anaphylaxis and the use of epinephrine **[**~~auto-injectors~~**] delivery devices** from a nationally recognized organization experienced in training laypersons in emergency health treatment or another entity or person approved by the department of health and senior services;

(2) All epinephrine **[**~~auto-injectors~~**] delivery devices** are maintained and stored according to the epinephrine **[**~~auto-injector's~~**] delivery device's** instructions for use;

(3) Any person who provides or administers an epinephrine **[**~~auto-injector~~**] delivery device** to an individual who the person believes in good faith is experiencing anaphylaxis activates the emergency medical services system as soon as possible; and

(4) A proper review of all situations in which an epinephrine **[**~~auto-injector~~**] delivery device** is used to render emergency care is conducted.

5. Any authorized entity that acquires a supply of epinephrine **[**~~auto-injectors~~**] delivery devices** under a prescription issued in accordance with this section shall notify the emergency communications district or the ambulance dispatch center of the primary provider of emergency medical services where the epinephrine **[**~~auto-injectors~~**] delivery devices** are to be located within the entity's facility.

6. No person shall provide or administer an epinephrine **[**~~auto-injector~~**] delivery device** to any individual who is under eighteen years of age without the verbal consent of a parent or guardian who is present at the time when provision or administration of the epinephrine **[**~~auto-injector~~**] delivery device** is needed. Provided, however, that a person may provide or administer an epinephrine **[**~~auto-injector~~**] delivery device** to such an individual without the consent of a parent or guardian if the parent or guardian is not physically present

and the person reasonably believes the individual shall be in imminent danger without the provision or administration of the epinephrine **[**~~auto-injector~~**] delivery device**.

7. The following persons and entities shall not be liable for any injuries or related damages that result from the administration or self-administration of an epinephrine **[**~~auto-injector~~**] delivery device** in accordance with this section that may constitute ordinary negligence:

(1) An authorized entity that possesses and makes available epinephrine **[**~~auto-injectors~~**] delivery devices** and its employees, agents, and other trained persons;

(2) Any person who uses an epinephrine **[**~~auto-injector~~**] delivery device** made available under this section;

(3) A physician that prescribes epinephrine **[**~~auto-injectors~~**] delivery devices** to an authorized entity; or

(4) Any person or entity that conducts the training described in this section.

Such immunity does not apply to acts or omissions constituting a reckless disregard for the safety of others or willful or wanton conduct. The administration of an epinephrine **[**~~auto-injector~~**] delivery device** in accordance with this section shall not be considered the practice of medicine. The immunity from liability provided under this subsection is in addition to and not in lieu of that provided under section 537.037. An authorized entity located in this state shall not be liable for any injuries or related damages that result from the provision or administration of an epinephrine **[**~~auto-injector~~**] delivery device** by its employees or agents outside of this state if the entity or its employee or agent is not liable for such injuries or related damages under the laws of the state in which such provision or administration occurred. No trained person who is in compliance with this section and who in good faith and exercising reasonable care fails to administer an epinephrine **[**~~auto-injector~~**] delivery device** shall be liable for such failure.

8. All basic life support ambulances and stretcher vans operated in the state shall be equipped with epinephrine **[**~~auto-injectors~~**] delivery devices** and be staffed by at least one individual trained in the use of epinephrine **[**~~auto-injectors~~**] delivery devices**.

9. The provisions of this section shall apply in all counties within the state and any city not within a county.

10. Nothing in this section shall be construed as superseding the provisions of section 167.630.

210.225. 1. This section shall be known and may be cited as "Elijah's Law".

2. (1) Before July 1, 2027, each licensed child care provider shall adopt a policy on allergy prevention and response with priority given to addressing potentially deadly

food-borne allergies. Such policy shall contain, but shall not be limited to, the following elements:

(a) Distinguishing between building-wide, room-level, and individual approaches to allergy prevention and management;

(b) Providing an age-appropriate response to building-level and room-level allergy education and prevention;

(c) Describing the role of child care facility staff in determining how to manage an allergy problem, whether through a plan prepared for a child under Section 504 of the Rehabilitation Act of 1973, as amended, for a child with an allergy that has been determined to be a disability, an individualized health plan for a child who has an allergy that is not disabling, or another allergy management plan;

(d) Describing the role of other children and parents in cooperating to prevent and mitigate allergies;

(e) Addressing confidentiality issues involved with sharing medical information, including specifying when parental permission is required to make medical information available; and

(f) Coordinating with the department of elementary and secondary education, local health authorities, and other appropriate entities to ensure efficient promulgation of accurate information and to ensure that existing child care facility safety and environmental policies do not conflict.

(2) Such policies may contain information from or links to child care facility allergy prevention information furnished by the Food Allergy & Anaphylaxis Network or equivalent organization with a medical advisory board that has allergy specialists.

3. The department of elementary and secondary education shall, in cooperation with any appropriate professional association, develop a model policy or policies before July 1, 2026.

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