

# Stock Epinephrine Advisory Committee (SEAC)

Monday, April 1, 2024

10:00 a.m.

## **APPROVED Meeting Minutes**

Virtual: Teams Meeting Platform

In Person Meeting Site:

Texas Department of State Health Services (DSHS)

Robert D. Moreton Building

Room M-100, First Floor

1100 W 49th St

Austin, TX 78756

## **Agenda Item 1: Welcome/Call to order/Introduction of members and staff**

Dr. Drew Bird, Chair, called the Stock Epinephrine Advisory Committee (SEAC) meeting to order at 10:00 a.m.

Dr. Drew Bird, Chair, welcomed committee members and members of the public and asked Ms. Dianna Pierson, School Health Team Lead and School Nurse Consultant, to introduce DSHS staff. She asked DSHS staff to introduce themselves.

Ms. Jacqueline Thompson, Advisory Committee Coordination Office, Health and Human Services Commission (HHSC) read the logistical announcements and stated the meeting was being conducted in accordance with the Texas Open Meetings Act. Ms. Jacqueline Thompson conducted the member roll call and announced the presence of quorum.

**Table 1: The Stock Epinephrine Advisory Committee member attendance at the Monday, April 1, 2024 meeting.**

<b>Member name</b>	<b>Attended</b>	<b>Member name</b>	<b>Attended</b>
Bethea, Louise, MD	Y	Jeffrey, Douglas, MD	N
Bird, Drew, MD	Y	Rivera, Jose, Pharm.D.	N

Member name	Attended	Member name	Attended
Bostic, Natalie, RN	N	Rozneck, Paulette, MSN	Y
Buheis, Maria, MD	N	Svatek, Mandie, MD	Y
Davis, Carla, MD	Y	Swan, Sally, RN	Y
Freeman, Theodore, MD	Y	Varshney, Pooja, MD	Y
Gonzalez-Reyes, Erika, MD	Y		

## **Agenda Item 2: Consideration of December 8, 2023, draft meeting minutes**

Dr. Drew Bird, Chair, referred members to the draft minutes emailed by the program liaison and called for any edits. Hearing none, Dr. Bird called for a motion to approve the minutes of the December 8, 2023, meeting.

**Motion:** Dr. Theodore Freeman moved to approve the minutes as amended by Dr. Bethea from the December 8, 2023 meeting. Dr. Pooja Varshney seconded the motion. Following a roll call vote, the motion passed by a majority vote with 8 Approves (Bethea, Bird, Freeman, Gonzalez-Reyes, Rozneck, Svatek, Swan, Varshney), 0 Disapprove, and 1 Abstention (Davis).

## **Agenda Item 3: Consideration of SEAC subcommittee recommendations regarding rule amendments to Texas Administrative Code, Chapter 40, Subchapter D implementing SB 294**

Dr. Drew Bird, Chair, provided a brief overview of the Senate Bill (SB) 294 from the 88<sup>th</sup> Legislative Session, 2023, shared the subcommittee activities, and the recommendations for rule amendments. Dr. Bird then asked the committee if there are any questions about the recommendations and opened the floor for discussion. Highlights of the member discussion included:

Dr. Carla Davis asked if this is similar to the stock epinephrine auto-injectors reporting. Ms. Pierson stated reporting was not part of the subcommittee recommendations, but it is Rule 40.47 and reporting will be similar to epinephrine auto-injectors and opioid antagonists. Ms. Ruiz shared the reporting requirements were already established in the statute, which is why it was not added to the recommendations.

Dr. Leslie Allsopp, SEAC subcommittee subject matter expert, asked to clarify if:

- the Legislature intended SEAC to be the only group who has authority to make a determination about other medications established by review of best available medical evidence in addition to albuterol, levalbuterol; and
- the determination about other medications established by review of best available medical evidence would have to go through this review process with SEAC. An authorized prescriber cannot simply make that change on their own.

Ms. Raiza Ruiz responded that there is a recommendation document SEAC requested to put together which could be used for these recommendations. In general, any guidance that may change based on medical evidence is easier to update outside the rule. DSHS will confirm with its Legal Department if the language in SB 294 means SEAC is the only group with authority to make a determination about medications.

Dr. Bird stated his understanding of why this was added is in case there is a new medication developed that is superior. SEAC is more concerned about someone recommending an alternative to inhaled albuterol or oral albuterol to treat bronchospasm, which would be against anything the SEAC would recommend. Dr. Allsopp agreed with Dr. Bird saying this is her exact understanding and she's grateful DSHS is checking with Legal. Dr. Davis shared rescue therapy for asthma has been expanded through smart therapy, Formoterol, and she might predict some others might question whether albuterol and levalbuterol are appropriate if there are other medications recommended for rescue. She states albuterol and levalbuterol are still very appropriate rescue medications. The landscape is changing, which might be an issue but she agreed with the recommendations that these are still the best rescue medications. Dr. Allsopp shares it was a possibility in earlier conversations that smart therapy might emerge as being widely accepted to the medical evidence and logistical and practical aspects making that possible at some point in the future. Dr. Freeman stated based on this conversation SEAC should amend the recommendation slightly for other medication based on best available medical evidence as approved by the SEAC subcommittee. This could keep people from using something off the top of their head, but not prevent us from approving using formoterol as smart therapy.

Brett Spencer, Community Health and Wellness Branch Unit Director, agreed with the recommendation for the rules and wanted to add clarification. The subcommittee did make some other recommendations that were included on this document originally. Because of the way this was listed in the agenda, DSHS leadership asked to focus on the rules related recommendations for now. There is another recommendation and DSHS will ask SEAC to put it on the next agenda that has to do with those best practices and guidance so the committee has a chance to define these details that are being discussed now. Dr. Bird thanked Mr. Spencer.

Dr. Allsopp asked if there will be a requirement for two metered dose inhalers (MDIs) on each campus. She shares there has been a request to get more information about required minimum dosage. She asked colleagues in different states who were authors on the national guidelines, and they confirmed Dr. Allsopp's finding that she hasn't seen this in any of the national recommendations. She wishes no school district would find cost to be a barrier in implementing this type of program giving how high the potential benefits are. She hopes as we go forward, we can address this through other partnerships across the state. Cost is currently a burden for many school districts who don't have the funds in their budget. Health services have reached out stating they are trying to purchase the medication supplies out of their own personal funds. She shares Asthma 411 initiative has been implemented in over 350 campuses of very diverse sizes. Asthma 411 hasn't had anyone report saying they have needed two inhalers instead of one inhaler. There might be instances if a school district wants to have provide these medications at off campus school sponsored events as legislation provides, or in some cases where campuses, like high schools are large, and there might be other settings. She wonders if we might not be able to get the benefits of both approaches by recommending that two MDIs be present, rather than requiring two and having the minimum of one. Dr. Bird thanked Dr. Allsopp stating this was a very thoughtful comment and recommendation. He states it's really important to think about the costs and burden this could place on schools districts and could be a barrier to implementation state-wide. He proposes to change the wording to say "at least one to two metered dose inhalers", or "at least one metered dose inhaler" to modify the wording. Dr. Bird opens the floor for discussion.

Dr. Varshney stated she supports saying "at least one" will leave it open for the school to decide what is best for them. A high school with 1,500 students might opt to have more but for a small elementary school in a rural district, you don't want the bar of two to be a barrier.

Dr. Bird asked DSHS how SEAC can go about changing the wording to the rule. Mr. Spencer stated DSHS will note the edit and when it's time to vote, DSHS will have to clarify SEAC is voting to approve the recommendations with the edits discussed.

Dr. Mandie Svatek stated if schools only have one MDI, they would have to make advisements on looking at the counter more frequently because it's only noted twice per year as far as expiration. SEAC may have to define this better so schools won't run out of albuterol and won't be able to get the next MDI available to use. Dr. Allsopp agreed with Dr. Svatek stating a certain amount has been used as a flag, but other numbers could be considered. She proposed the ratio of the number of school nurses and the number of students as another approach. She has not seen it done, but thinks this would align allowing some flexibility between a small elementary school, for example, and a larger high school. She thinks this is very reasonable that one MDI is adequate in most situations unless a district or campus wants to expand services.

Dr. Bird asked Ms. Sally Swan what her thoughts are on how many MDIs and how frequently checking would be too burdensome on school nurses. He is concerned with asking for requirements on checking and training because of the potential barriers. Ms. Swan stated she does believe two MDIs is a burden on smaller districts because they will not be able to financially meet. She likes the wording recommended one so there is flexibility. She states as someone is documenting the administration of the doses, there is a running count of what has been given so she doesn't know that an additional count set at different times during the school year is advisable. Ms. Paulett Rozneck agreed with Ms. Swan. She stated in the larger high schools they may have two MDIs, but nurses continuously count the inhaler doses with documentation. She believes one would be sufficient for most school districts in rural areas, but up to two would be great if they can afford it. Dr. Bird asked for clarification if the reporting requirements standardized. Ms. Rozneck responded saying if you administer any medication, you have to count and know what dosage is left. She stated this is a standard in most districts.

Dr. Freeman shared his concern that if there is one inhaler in a small school district that isn't used very often and when it is used it fails, does SEAC need to provide more guidance on how to manage this situation for infrequent users. Dr. Davis stated she understands Dr. Freeman's point and she is considering the balance between the school not having it all together or having that blocking. The committee could give some instructions about failure of an inhaler. Dr. Allsopp states she understands the importance of what SEAC school nurses are saying about the counts being continuously kept. She hopes for a recommendation on when to replace and reorder MDIs when the count is 25 remaining doses on a 200-dose MDI. Dr. Bird thanked Dr. Allsopp and said her advice is very valuable. He then stated it would be very helpful to provide information about w a school district should consider reordering and that the number 25 is appropriate.

Ms. Rozneck stated there is a way to set up a flag when charting for 25 doses left, which gives a notice that nurses have to reorder MDI or Nebulized solution. She thinks the recommendation of 25 stated and whatever number agreed upon for nebulized solutions would be good for most districts. Dr. Varshney stated she supports making this recommendation. She brought up how this can benefit under resourced schools may have less assigned epinephrine and this can be extended to albuterol. The burden of asthma is disproportionately distributed, so under resourced schools may go through their albuterol more often if they have fewer kids who have their own assigned albuterol and higher burden of disease. Not making the school have two MDIs, but having the required of having every school check could address that potential disparity and encourage then to replace as needed. Dr. Davis proposed saying "one to two" but designate that best practice would be two inhalers, and then make sure to state instructions about malfunctioning and checking to make sure replacements are ordered in enough time. Dr. Allsopp shares future training needs to include maintenance, but this doesn't need to be included in the legislation and regulations.

Mr. Spencer reminded SEAC that when it's time to vote, SEAC needs to define what's is being recommended to go in the rules versus what will be recommended for best practices.

Ms. Raiza Ruiz shared that for one of the recommendations, "expand the types of medication that may be administered to include albuterol, levalbuterol, or other medication based on the best available medical evidence for the treatment of respiratory distress," there was a recommendation to add "as approved by the SEAC." Dr. Bird shared using the SEAC as a safeguard is appropriate.

Dr. Bird called for a motion to approve the SEAC subcommittee recommendations with suggested edits regarding rule amendments to Texas Administrative Code, Chapter 40, Subchapter D Senate Bill implementing (SB) 294 as presented and amended.

**Motion:** Dr. Theodore Freeman moved to approve the SEAC subcommittee recommendations with suggested edits regarding rule amendments to TAC, Chapter 40, Subchapter D Senate Bill implementing (SB) 294 as presented and amended. Dr. Pooja Varshney seconded the motion. Following a roll call vote, the motion passed by a majority vote with 8 Approves (Bethea, Bird, Davis, Freeman, Rozneck, Svatek, Swan, Varshney), 0 Disapprove, and 0 Abstentions.

## Agenda Item 4: Update from DSHS

Dr. Bird, Chair, recognized Ms. Dianna Pierson, School Health Team Lead and School Nurse Consultant, to provide an update from the Texas Department of State Health Services. Highlights of the update and member discussion included:

- Ms. Pierson thanked the SEAC SB 294 subcommittee members and subject matter experts who worked on providing the best evidenced based recommendations in amending Texas Administrative Code Chapter 40 Subchapter D, Respiratory Distress Medicine Policies in Schools rules.
- Ms. Pierson shared SB 294 Rules, next Steps now that SEAC has voted on the rule recommendations, DSHS will prepare the proposed rule packet for internal review, request Texas Education Agency feedback, and post the proposed rule in the Texas Register on 11/1/2024 for public comment.
- Ms. Pierson shared as a reminder, DSHS is currently accepting applications for SEAC committee membership in the following categories:
  - Public Junior College or Technical Institute (Higher Ed) - 1
  - Physician - 7
  - School Nurse - 1
  - Committee members serve a term of four years, and those four years may be served consecutively. DSHS must receive applications before 11:59 p.m., April 26, 2024.

- DSHS will also be seeking nominations for a new SEAC committee vice-chair and chair. We will be soliciting for nominations and Ashley Khanhkham, committee liaison, will be following up with the SEAC committee for chair and vice-chair nominations that will be voted on during the October 2024 committee meeting.
- Ms. Pierson shared the School Health Program is restructuring our website and updating links in order to better align with the CDC Whole School, Whole Community, Whole Child (WSCC), keeping the links and content current, as well as making the webpages more user-friendly.
- Ms. Pierson shared the Texas Coordinated School Health Partnership kick off meeting occurred on February 27. Members from across the state were introduced. The next Partnership meeting will be held on July 30, 2024.
- Ms. Pierson shared the Texas School Health Advisory Committee (TSHAC) subcommittee resource documents "Health Education for All Texas Students K-12 Grade" and "Opioid and Substance Use Prevention Resource for Texas Schools" have been posted on the SHP website.

Dr. Bird thanked Ms. Pierson and moved on to Agenda Item 5.

## **Agenda Item 5: Future SEAC agenda topics and priorities**

Dr. Drew Bird, Chair, led the discussion regarding future SEAC agenda topics and priorities. Highlights of member discussion included:

- Dr. Bethea shared that the Texas Allergy Asthma Immunology Society (TAAIS) have sent out surveys seeking physicians who are interested in willing to write prescriptions for epinephrine auto injectors and inhalers and plan to post the list on the TAAIS website for schools. She requests if this link can also be added to the DSHS website. Ms. Ruiz stated DSHS is waiting on Leadership guidance on standing delegation orders and there are several other recommendations that are relevant. DSHS will bring this to leadership with the other recommendations.
- Dr. Allsopp shared a report from some school district health administrators who are working to help implement legislation. Pharmacists are not familiar with undesignated medications and are receiving these prescriptions refusing to fill them. She asked what channels are appropriate to help address the communication to help ensure prescriptions aligned with the legislation will be filled. She states it seems like a communication issue. Ms. Ruiz stated this is also part of the recommendations from the subcommittee that is documented as a follow- up item and a future agenda item. Dr. Davis shared how critical this issue is because no matter what is put in the rules, if school cannot get the medication it will hinder implementation. She shared a similar

situation with stock epinephrine where what helped was having a standardized form for standing orders and a clear pathway for prescriptions can go to the pharmacists and then to the schools.

## **Agenda Item 6: Public comment**

Ms. Jacqueline Thompson, ACCO, HHSC, stated there is no one on site to provide public comment.

## **Agenda Item 9: Adjournment and Thank You**

- Dr. Drew Bird, Chair, stated his term as chair ends in August and is available to answer any questions anyone might have who is interested.
- Dr. Drew Bird the next SEAC meeting is scheduled for October and Ms. Khanhkham will notify the committee once the date is set.
- Dr. Drew Bird thanked committee members and members of the public for their attendance, and adjourned the meeting at 11:01 a.m.

Below is the link to the archived video recording of the April 1, 2024, Stock Epinephrine Advisory Committee meeting to view and listen for approximately, two years from date meeting is posted in accordance with the HHSC records retention schedule.

[Stock Epinephrine Advisory Committee](#)