AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 2063 OFFERED BY MR. PALLONE OF NEW JERSEY

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Food Allergy and Anaphylaxis Management Act of 2008''.

SEC. 2. FINDINGS.

Congress finds as follows:

(1) Food allergy is an increasing food safety and public health concern in the United States, especially among students.

(2) Peanut allergy doubled among children from 1997 to 2002.

(3) In a 2004 survey of 400 elementary school nurses, 37 percent reported having at least 10 students with severe food allergies and 62 percent reported having at least 5.

(4) Forty-four percent of the elementary school nurses surveyed reported that the number of students in their school with food allergy had increased

over the past 5 years, while only 2 percent reported a decrease.

(5) In a 2001 study of 32 fatal food-allergy induced anaphylactic reactions (the largest study of its kind to date), more than half (53 percent) of the individuals were aged 18 or younger.

(6) Eight foods account for 90 percent of all food-allergic reactions: milk, eggs, fish, shellfish, tree nuts, peanuts, wheat, and soy.

(7) Currently, there is no cure for food allergies; strict avoidance of the offending food is the only way to prevent a reaction.

(8) Anaphylaxis is a systemic allergic reaction that can kill within minutes.

(9) Food-allergic reactions are the leading cause of anaphylaxis outside the hospital setting, accounting for an estimated 30,000 emergency room visits, 2,000 hospitalizations, and 150 to 200 deaths each year in the United States.

(10) Fatalities from anaphylaxis are associated with a delay in the administration of epinephrine (adrenaline), or when epinephrine was not administered at all. In a study of 13 food allergy-induced anaphylactic reactions in school-age children (6 fatal and 7 near fatal), only 2 of the children who died

received epinephrine within 1 hour of ingesting the allergen, and all but 1 of the children who survived received epinephrine within 30 minutes.

(11) The importance of managing life-threatening food allergies in the school setting has been recognized by the American Medical Association, the American Academy of Pediatrics, the American Academy of Allergy, Asthma and Immunology, the American College of Allergy, Asthma and Immunology, and the National Association of School Nurses.

(12) There are no Federal guidelines concerning the management of life-threatening food allergies in the school setting.

(13) Three-quarters of the elementary school nurses surveyed reported developing their own training guidelines.

(14) Relatively few schools actually employ a full-time school nurse. Many are forced to cover more than 1 school, and are often in charge of hundreds if not thousands of students.

(15) Parents of students with severe food allergies often face entirely different food allergy management approaches when their students change schools or school districts.

(16) In a study of food allergy reactions in schools and day-care settings, delays in treatment were attributed to a failure to follow emergency plans, calling parents instead of administering emergency medications, and an inability to administer epinephrine.

SEC. 3. DEFINITIONS.

In this Act:

(1) ESEA DEFINITIONS.—The terms ''local educational agency'', ''secondary school'', and ''elementary school'' have the meanings given the terms in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(2) SCHOOL.—The term ''school'' includes public—

(A) kindergartens;

(B) elementary schools; and

(C) secondary schools.

(3) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services, in consultation with the Secretary of Education.

SEC. 4. ESTABLISHMENT OF VOLUNTARY FOOD ALLERGY AND ANAPHYLAXIS MANAGEMENT POLICY.

(a) ESTABLISHMENT.—Not later than 1 year after the date of enactment of this Act, the Secretary shall—

(1) develop a policy to be used on a voluntary basis to manage the risk of food allergy and anaphylaxis in schools; and

(2) make such policy available to local educational agencies and other interested individuals and entities to be implemented on a voluntary basis only.

(b) CONTENTS.—The voluntary policy developed by the Secretary under subsection (a) shall contain guidelines that address each of the following:

(1) Parental obligation to provide the school, prior to the start of every school year, with—

(A) documentation from the student's physician or nurse—

(i) supporting a diagnosis of food allergy and the risk of anaphylaxis;

(ii) identifying any food to which the student is allergic;

(iii) describing, if appropriate, any prior history of anaphylaxis;

(iv) listing any medication prescribed for the student for the treatment of anaphylaxis;

(v) detailing emergency treatment procedures in the event of a reaction;

(vi) listing the signs and symptoms of a reaction; and

(vii) assessing the student's readiness for self-administration of prescription medication; and

(B) a list of substitute meals that may be offered to the student by school food service personnel.

(2) The creation and maintenance of an individual health care plan tailored to the needs of each student with a documented risk for anaphylaxis, including any procedures for the self-administration of medication by such students in instances where—

(A) the students are capable of self-administering medication; and

(B) such administration is not prohibited by State law.

(3) Communication strategies between individual schools and local providers of emergency medical services, including appropriate instructions for emergency medical response.

(4) Strategies to reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas such as cafeterias.

(5) The dissemination of information on life-threatening food allergies to school staff, parents, and students, if appropriate by law.

(6) Food allergy management training of school personnel who regularly come into contact with students with life-threatening food allergies.

(7) The authorization and training of school personnel to administer epinephrine when the school nurse is not immediately available.

(8) The timely accessibility of epinephrine by school personnel when the nurse is not immediately available.

(9) Extracurricular programs such as non-academic outings and field trips, before- and after-school programs, and school-sponsored programs held on weekends that are addressed in the individual health care plan.

(10) The collection and publication of data for each administration of epinephrine to a student at risk for anaphylaxis.

(c) RELATION TO STATE LAW.—Nothing in this Act or the policy developed by the Secretary under subsection (a) shall be construed to preempt State law, including any State law regarding whether students at risk for anaphylaxis may self-administer medication.

SEC. 5. VOLUNTARY NATURE OF POLICY AND GUIDELINES.

The policy developed by the Secretary under section 4(a) and the food allergy management guidelines contained in such policy are voluntary. Nothing in this Act or the policy developed by the Secretary under section 4(a) shall be construed to require a local educational agency or school to implement such policy or guidelines.