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March 17, 2003

Senator Becky Lourey, Chair, Health and Family Security Committee  
G 24 State Capitol  
St. Paul, Minnesota 55155

Representative Lynda Boudreau, Chair, Health and Human Services Policy Committee  
559 State Office Building  
St. Paul, Minnesota 55155

*Re: Report to the Legislature on Availability of Epinephrine on Ambulance Services*

Dear Senator Lourey and Representative Boudreau:

This letter is to inform you of the successful effort to make epinephrine fully available on emergency ambulance calls throughout the state. Epinephrine is the medication used to treat severe allergic reactions that can lead to anaphylactic shock. The 2002 Minnesota Legislature required the establishment of a plan to assure that epinephrine is available on all emergency ambulance calls in Minnesota. Minnesota Laws 2002, chapter 362, section 6, requires that the Emergency Medical Services Board (EMSRB):

...in cooperation with the Minnesota nurses association, the Minnesota medical association, the American college of emergency physicians, and the Minnesota ambulance association, shall establish a plan under which epinephrine is available on emergency ambulance calls made in Minnesota on or after September 1, 2002. The emergency medical services regulatory board shall report to the legislature by January 15, 2003 on the success of the policy making epinephrine fully available.

Allergic reactions can occur at any time and to anyone. Every year, at least 1000 persons die of acute allergic reactions in the United States (*Outdoor Emergency Care, 4<sup>th</sup> Edition, 2003*, American Academy of Orthopaedic Surgeons, p. 365ff.). A wide variety of substances can produce such reactions. Foods, insect stings and medications are common causes. An allergic

reaction can be as mild as watery eyes and nose, or small skin rash, or so severe that a person's breathing becomes labored and blood pressure becomes dangerously low. Allergic reactions are often hard to predict and their consequences potentially life-threatening. Emergency medical technicians are trained and prepared to recognize promptly and to manage effectively severe allergic reactions in patients. Delay in pre-hospital emergency care can lead to deterioration in a patient's condition and even to death (*Prehospital Emergency Care, 6<sup>th</sup> Edition, 2000*, Mistovich, J., Hafen, B, Karren, K., p. 374ff.).

Epinephrine works rapidly to raise the pulse rate and blood pressure of the patient by constricting the blood vessels. It inhibits the allergic reaction, thus making breathing easier. Bee stinging kits or "epi-pens" contain a prepared syringe of epinephrine, ready for subcutaneous injection. This is the most common method of providing epinephrine by basic life support (BLS) ambulances licensed in Minnesota by the EMSRB.

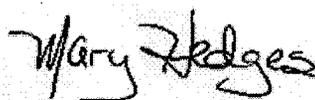
In Minnesota, advanced life support (ALS) ambulances have long been required to provide treatment for anaphylactic shock by administering epinephrine. However, in areas of the state served by BLS emergency ambulances, only those who had obtained the necessary training and applied to the EMSRB for a variance had epinephrine available. At the time of signing of the legislation (May 8, 2002), 130 (64%) of the 202 BLS emergency ambulance services in Minnesota provided this life-saving procedure by variance approved by the EMSRB. As of March 2003, the collaborative effort of our partners working with the EMSRB has resulted in Minnesota achieving 100% coverage by emergency ambulance services for the treatment of pre-hospital severe allergic reactions. We accomplished this coverage by individually contacting all ambulance service directors who had not sought the necessary medical approval and training of their staffs to administer the medication safely. Because most of these basic ambulance services are staffed by volunteers, it was difficult in many cases to convince them of the need for the additional training as well as find the time to conduct it. Quite frequently, it required repeated attempts by our staff and our fellow collaborators, as well as personal contacts by our volunteer State EMS Medical Director, Michael Wilcox, M.D., to the medical director of the various ambulance services. Also, each epinephrine variance request required the review of the application by our staff and Dr. Wilcox.

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The availability of the epinephrine treatment modality statewide, coupled with professional patient assessment and transport by skilled emergency medical technicians, enhances the potential for positive patient outcomes in the pre-hospital environment.

If you have further questions regarding this effort, please contact Jo-Ann Champagne at (612) 627-5404 or me at (612) 627- 5424.

Sincerely,



Mary Hedges  
Executive Director

cc:

Robbie LaFleur, Director, Legislative Reference Library  
Representative Jim Abeler  
Representative Alice Hausman  
Representative Margaret Kelliher  
Representative Ron Erhardt  
Michael Wilcox, M.D., State EMS Medical Director  
Nona Narvaez, Anaphylaxis and Food Allergy Association of Minnesota  
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David Larson, M.D. President, Minnesota Chapter, American College of Emergency Physicians  
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