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NOTICE OF PROPOSED RULEMAKING

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILED: 10/30/2026 9:41 AM
ARCHIVES DIVISION SECRETARY OF STATE

FILING CAPTION: Updates to rules for Lifesaving Treatment Protocol educational trainings

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/23/2026 5:00 PM
The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Public Health Division
Rules Coordinator

HEARING(S)
Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 11/16/2026
TIME: 10:00 AM
OFFICER: Staff

REMOTE HEARING DETAILS
MEETING URL: Click here to join the meeting
PHONE NUMBER: 971-277-2343
CONFERENCE ID: 718789328
SPECIAL INSTRUCTIONS:
This hearing is being held remotely via Microsoft Teams. To provide oral (spoken) testimony during this hearing, please contact publichealth.rules@odhsoha.oregon.gov to register to receive the link for the Microsoft Teams video conference via calendar appointment, or you may access the hearing using the meeting URL above. Alternatively, you may dial 971-277-2343, Phone Conference ID 718 789 328# for audio (listen) only. This hearing will close no later than 11:00AM but may close as early as 10:30AM if everyone who signs up to provide testimony has been heard from.

Accessibility Statement: For individuals with disabilities or individuals who speak a language other than English, OHA can provide free help. Some examples are: sign language and spoken language interpreters, real-time captioning, braille, large print, audio, and written materials in other languages. If you need help with these services, please contact the Public Health Division at 971-673-1222, 711 TTY or publichealth.rules@odhsoha.oregon.gov at least 48 hours before the meeting. All relay calls are accepted. To best ensure our ability to provide a modification please contact us if you are considering attending the meeting and require a modification. The earlier you make a request the more likely we can meet the need.

NEED FOR THE RULE(S):

The Oregon Health Authority (OHA), Public Health Division, Adolescent and School Health Program is proposing to permanently amend administrative rules in chapter 333, division 55 relating to the training on lifesaving treatment protocols. The proposed changes seek to resolve wording inconsistencies, ensure consistent use of terminology throughout, and to modify language to reflect the passage of SB 1504 (2026 Oregon Laws, chapter 21). SB 1504 removed the limitation of state trainings to injectable routes of life-saving epinephrine medications to treat severe allergy.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

- ORS Chapter 339, Sections 866, 867, 869, 870, 871 (https://oregon.public.law/statutes/ors_chapter_339)
- OAR 581-021-0037 (https://oregon.public.law/rules/oar_581-021-0037)
- ORS Chapter 433, Sections 800 – 830 (https://oregon.public.law/statutes/ors_chapter_433)
- ORS Chapter 678 (https://www.oregonlegislature.gov/bills_laws/ors/ors678.html)
- OAR 851-045 (https://oregon.public.law/rules/oar_chapter_851_division_45)
- OAR 851-047 (https://oregon.public.law/rules/oar_chapter_851_division_47)
- ORS Chapter 689 (https://www.oregonlegislature.gov/bills_laws/ors/ors689.html)
- OAR 855-041-2320 (https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=278941)
- SB 1504 (Oregon Laws, chapter 21):

https://olis.oregonlegislature.gov/liz/2026R1/Downloads/MeasureDocument/SB1504

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE:

Access to epinephrine in schools is a life-and-death issue. Oregon laws (without proposed rule changes) create barriers to access to epinephrine in any route other than injectable. Gaps in access disproportionately impact students in specific populations, who experience increased risk for anaphylactic allergy and decreased access to medical providers. Gaps in access may contribute to adverse childhood events (ACEs). Reducing barriers to epinephrine access has potential to improve health outcomes for diverse populations.

Specific impacts and evidence:
Lack of access to epinephrine disproportionately impacts students of underrepresented and underserved racial and ethnic groups, students who experience poverty, and students in rural areas; and contributes to adverse childhood events with potential lifelong impact on students who experience or witness anaphylactic events.

- School districts in rural regions are less likely to report school registered nurse (RN) staffing(1) . This impacts capacity for districts to seek health resources including epinephrine, especially if the process is challenging.

o Districts with limited or no RN staffing are more likely to underreport health conditions among students, compared to state averages(1) – meaning these districts are more likely to be unaware of a student who needs epinephrine, while also more likely to experience longer wait times for EMS and hospital services – leading to a greater need for school stock epinephrine.

- Ensuring access to epinephrine in schools reduces the chance of students experiencing or witnessing distress and

potential demise of another person, when such a traumatic event could be prevented by access to lifesaving treatment. Adverse childhood events (ACEs) contribute to lifelong physical and mental health detriments, and public health has a duty to reduce this risk: "to sustain improvements in public health requires a shift in focus to include prevention of ACEs."(2)

According to an article published by the Annals of Allergy, Asthma & Immunology (https://www.sciencedirect.com/science/article/abs/pii/S1081120622003635?via%3Dihub):

- Social determinants of health contribute to disparities in food allergy outcomes. There has been an increase in the rate of food allergies, with notable trends disproportionately affecting underrepresented minority groups.
- Non-White children and children of lower socioeconomic status (SES) are less likely to have been introduced to common food allergens at an early age, despite current guidelines.
- Non-White children and children of lower SES are less likely to have access to an epinephrine autoinjector, are more likely to utilize the emergency department for a food allergy reaction, and are less likely to have access to subspecialty care.
- Non-White children and children of lower SES are less likely to be represented in clinical trials of oral immunotherapy for food allergen tolerance.
- Having a food allergy has significant financial implications for families, and nearly 21% of families with food allergies are food insecure. Despite this, access to allergen-free foods is limited among federal assistance programs and food pantries.
- Potential future interventions to address health disparities in food allergy include (1) improving food allergy education and school preparedness, (2) expanding access to specialty care and medications, (3) facilitating access to allergen-free foods, (4) supporting research in health disparities and diversifying representation in trials, and (5) addressing allergy-immunology workforce driver.

This rule change will ensure state trainings include epinephrine delivery devices other than autoinjectors and will clarify wording related to all three lifesaving treatments (epinephrine, glucagon, and medication for adrenal crisis). The intended outcome is to improve training content and related processes for persons providing these lifesaving treatments in any setting, and to remove perceived barriers for access to epinephrine in forms other than injectable. For example,

- Rule (if not updated) limits Oregon pharmacies to dispensing injectable forms of epinephrine to trainees who presented the state protocol's "Authorization to Obtain Epinephrine."
- ARS Pharmaceuticals released an intranasal epinephrine delivery device in 2024 and launched a national program "neffyinSchools" in January 2025. The program, which provides free stock doses of Neffy to public school districts, requires that requesting schools verify that state laws permit schools to use intranasal epinephrine, a condition that was not easily met by Oregon school districts based on prior wording of related ORS and OAR.

The passage of SB 1504 (Oregon Laws 2026, chapter 21), and planned rule change, clarifies that lifesaving treatments are not limited to injectable routes, thereby ensuring that training covers modern delivery devices, pharmacies can dispense modern delivery devices to trainees, and school districts are eligible to receive and use stock epinephrine not limited to injectable forms. The long-term effects of expanded training content, and expanded access to epinephrine beyond injectable delivery devices for all Oregonians, including minorities and lower SES populations are anticipated to be positive.

(1) Oregon Department of Education (2025) School Nurse Annual Report; Retrieved from https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/schoolhealth/2025%20School%20Nurse%20Report.pdf

(2) Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. The Lancet. Public health, 2(8), e356–e366. https://doi.org/10.1016/S2468-2667(17)30118-4

FISCAL AND ECONOMIC IMPACT:

The revisions to the proposed rules are not anticipated to create a fiscal or economic impact to those affected by the rulemaking, including schools. The proposed rules may allow school districts to access free doses of intranasal epinephrine through a program focusing on K-12 schools.

The OHA, Public Health Division (Division) is responsible for the development or approval of life saving treatment protocols including the training on allergic reaction which is used by approved trainers to train individuals and school personnel on the recognition of the signs and symptoms of severe allergic reaction. The protocol and associated certificates of completion and authorizations to obtain epinephrine are available online at no cost. Approved trainers that choose to make copies of material will be subject to costs associated with making copies.

The Division does not keep track of who conducts or receives the training. A majority of the training is conducted by school nurses in order to train school staff. It is assumed that the training is provided at no cost to these individuals.

Persons completing training that are provided an authorization to obtain epinephrine may, but are not required to, use the authorization to obtain premeasured doses of epinephrine from a pharmacy at their own expense. The average cost of intranasal epinephrine is estimated to be between $880 to $1000. The average cost of an autoinjector is between $100 to $800 depending on receiving a generic autoinjector or brand name.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) There is no anticipated cost of compliance to state agencies or units of local government. The Oregon Health Authority, Public Health Division has current protocols in place that can be used by approved trainers. Members of the general public who successfully complete training may choose to obtain epinephrine through use of the authorization to obtain epinephrine. As stated above, these individuals must obtain the epinephrine at their own expense which can cost between $100 to $1,000 depending on the type of administration method obtained.

(2)(a) The rules address the process for providing trainings on lifesaving treatments, such that trainees are eligible for the related liability protections. In theory, that training could happen in any setting, and the same requirements would apply regardless of setting - small business, school, government office, etc. Therefore, OHA is unable to estimate with accuracy the number of small businesses nor the types of business and industries with small businesses that are subject to these rules.

(b) There are no anticipated costs of compliance for small businesses including any change to projected reporting, recordkeeping or other administrative activities.

(c) There are no anticipated costs of compliance for small businesses including any change to equipment, supplies, labor, or increased administration.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

While schools are not considered to be a small business, the RAC membership included the Oregon EMS Association and Oregon School Nurses Association.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:
333-055-0000, 333-055-0006, 333-055-0015, 333-055-0021, 333-055-0030, 333-055-0035

AMEND: 333-055-0000

RULE SUMMARY: AMEND 333-055-0000: Updates to clarify intended purpose; reorganize for clarity.

CHANGES TO RULE:

333-055-0000
Purpose ¶

(1) The purpose of OAR 333-055-0000 through 333-055-0035 is to describe the circumstances under which these rules apply and to define the procedures for authorizing certain individuals, when a licensed health care professional is not immediately available, to administer:¶
(a) Epinephrine to a person who ~~has~~is experiencing a severe allergic response to an allergen;¶
(b) Glucagon to a person who is experiencing severe hypoglycemia when other treatment has failed or cannot be initiated; and¶
(c) Medication that treats adrenal ~~insufficiency~~crisis to a student who is experiencing an adrenal crisis.¶
(2) ~~Severe allergic reactions requiring epinephrine will occur in a wide variety of circumstances~~Lifesaving treatments may be warranted in a variety of circumstances. The educational training protocols approved by the Oregon Health Authority (Authority) associated with OAR 333-055-0000 through 333-055-0035 are intended to address common circumstances when lifesaving treatments may be warranted.¶
(~~3~~a) ~~Severe hypoglycemia requiring glucagon, in~~For epinephrine, common circumstances may include school settings, sports activities, camps, and outdoor activities and programs such as forest service programs.¶
(b) For glucagon, common circumstances may include school settings where ~~children~~students prone to severe hypoglycemia are known ~~to lay providers~~ and where arrangements for the availability of glucagon have been made, ~~will occur primarily in, but not limited to, school settings,~~as well as sports activities~~,~~ and camps.¶
(4c) ~~An adrenal crisis for students diagnosed with adrenal insufficiency will occur in a wid~~For medication for adrenal crisis, common circumstances may include school settings where students prone to adrenal crisis are known and where ~~v~~ar~~iety of circumstances. The administration~~rangements for the availability of medication to treat a~~ student experiencing an~~drenal crisis have been made.¶
(d) Authority-approved educational trainings may addre~~nal crisis may be provided by trained school~~ss additional circumstances and setting-specific details at the discretion of an authorized trainer pe~~r~~urs~~onnel in accordance with OAR 581-021-0037 whose parent or guardian has provided the necessary~~uant to the definitions in OAR 333-055-0006.¶
(3) In a school setting, the process and procedures to authorize certain individuals to administer medication ~~and equipment for administration~~to students are also defined by OAR 581-021-0037.
Statutory/Other Authority: ORS 433.8~~05,~~10, ORS ~~43~~13.~~810~~042
Statutes/Other Implemented: ORS 433.800~~–~~, ORS 433.805 - 433.815, ORS 433.817, ORS 433.820, ORS 433.830

AMEND: 333-055-0006

RULE SUMMARY: AMEND 333-055-0006: Updates align reference to “premeasured dose” with statutory changes per SB 1504 (Oregon Laws 2026, chapter 21); clarify definitions for specific conditions; add definitions for eight terms.

CHANGES TO RULE:

333-055-0006
Definitions ¶

(1) "Adrenal crisis" means a sudden, severe worsening of symptoms associated with adrenal insufficiency~~, such as severe pain in the lower back, abdomen or legs; vomiting; diarrhea; dehydration; low blood pressure or loss of consciousness~~ as defined in ORS 433.800.¶
(a) Signs and symptoms of adrenal crisis are further defined in the Oregon Health Authority (Authority)-approved training protocol.¶
(b) In a school setting, the condition "adrenal crisis" and related signs and symptoms which indicate a student's need for treatment may be further defined in a student's individualized health plan authored by a registered nurse in accordance with ORS 336.201, OAR 581-022-2220, and OAR chapter 851, division 45.¶
(2) "Adrenal insufficiency" means a hormonal disorder that occurs when the adrenal glands do not produce enough adrenal hormones.¶
(3) "Allergen" means a substance, usually a protein, that evokes a particular adverse response in a sensitive individual.¶
(4) "Allergic response" means a medical condition caused by exposure to an allergen, ~~with physical symptoms that range from localized itch~~as defined in ORS 433.800.¶
(a) Signs and symptoms of allergic response are further defined in the Authority-approved training protocol.¶
(b) In a school setting, t~~o severe anaphylactic shock and that may be life threatening~~he condition "allergic response" and related signs and symptoms which indicate a student's need for treatment may be further defined in a student's individualized health plan authored by a registered nurse in accordance with ORS 336.201, OAR 581-022-2220, and OAR chapter 851, division 45.¶
(~~5~~c) ~~"Emergency Med~~The terms "severe allergic response," "severe allergic reaction," systemic al~~-S~~lergic response," "systemic aller~~v~~gic~~es Provider (EMS Provider)~~ reaction," and "anaphylaxis" are considered synonymous for the purpose of Authority-approved training.¶
(5) "Assigned by" means ~~a person who has received formal training in pre-hospital and emergency care and is state-licensed to attend to any ill, injured or disabled person. Police officers, fire fighters, funeral home employees and other personnel serving in a dual capacity, one of which~~that a prescribing professional has provided permission for an authorized trainer to distribute the Authorization to Obtain Epinephrine form complete with the prescribing professional's authorizing credentials, to trainees who have successfully completed the educational training provided by the authorized trainer.¶
(6) "Authority" means the Oregon Health Authority in the context of educational training and statutory duties associated with ORS 433.810, 433.815, and 433.817.¶
(7) "Authority-approved" means approved by the Oregon Health Authority. When referring to educational training protocols, this means the materials and related instructions posted by the Authority at the locations identified in OAR 333-055-0015, and training materials to which an authorized trainer has made specific alterations as permitted by the Authority's written instructions for the applicable protocol.¶
(8) "Authorized trainer" means a person who meets the ~~definition of "emergency m~~qualifications to provide ed~~i~~u~~c~~al ~~services provider" are "emergency medical services providers" within the meaning of ORS Chapter 682~~tional training as established in OAR 333-055-0015. The terms "authorized trainer" and "approved trainer" are considered synonymous for the purposes of Authority-approved educational trainings.¶
(~~6~~9) "Hypoglycemia" means a condition in which a person experiences low blood sugar~~, producing symptoms such as drowsiness, loss of muscle control so that chewing or swallowing is impaired, irrational behavior in which food intake is~~ as defined in ORS 433.800.¶
(a) Signs and symptoms of "hypoglycemia" are further defined in the Authority-approved training protocol.¶
(b) In a school setting, the condition "hypoglycemia" and related signs and symptoms which indicate a student's need for treatment may be further defined in a student's individualized health plan authored by a re~~s~~giste~~d, convulsions, fainting or coma~~red nurse in accordance with ORS 336.201, OAR 581-022-2220, and OAR chapter 851, division 45.¶
(c) The terms "hypoglycemia," "low blood sugar," and "low blood glucose" are considered synonymous for the purpose of Authority-approved training.¶
(~~7~~10) "Other treatment" means ~~oral~~ administration of food or drink containing glucose or other forms of

carbohydrate, ~~such as~~including but not limited to juice, jelly ~~or,~~ candy, and glucose tabs or gel.¶
(~~8~~11) "Other treatment has failed" means a hypoglycemic student's symptoms have worsened after the administration of a food or drink containing glucose or other form of carbohydrate or a hypoglycemic student has become incoherent, unconscious or unresponsive.¶
(~~9~~12) "Paramedic" means a ~~person~~n emergency medical services (EMS) provider who is licensed by the Oregon Health Authority as a Paramedic.¶
(1~~0~~3) "~~Supervis~~Physician associate" means a physician associate licensed under ORS chapter 677. This title takes the place of the licensure designation of "physician assistant" used in Oregon prior to 2024.¶
(14) "Premeasured dose" means a fixed, precisely measured amount of medication that is administered via autoinjector, intranasal dose delivery device, or other dose delivery device or non-injectable route which is approved by the Food and Drug Administration (FDA), and which is appropriate for safe administration of the specified medication for the treatment of the specified condition.¶
(a) Related to Authority-approved educational training for epinephrine, this includes doses delivered via non-injectable routes and autoinjectors, when the dose is prescribed by an Oregon-authorized prescriber.¶
(b) Related to Authority-approved educational training for glucagon and medication for adrenal crisis, this includes doses delivered via non-injectable routes and autoinjectors, pre-filled syringes, and syringe-and-vial delivery systems when both the medication and diluting fluid in the syringe or vial are dispensed as a fixed, precisely measured amount to be mixed at time of administration, when the dose is prescribed by an Oregon-authorized prescriber.¶
(15) "Prescribing professional" means a physician or physician associate licensed under ORS ~~C~~chapter 677, or a nurse practitioner licensed under ORS ~~C~~chapter 678 ~~to pract~~, who has prescription-writing authority in Oregon.¶
(16) "School nurse" means a registered nurse licensed under ORS chapter 678 who is familiar with the delivery of health services in ~~this state and who has prescription writing authority~~a school setting as per requirements of OAR 581-021-0037; or a registered nurse with additional certification as defined by ORS 342.455.¶
(17) "School setting" refers to the facilities and circumstances in which OAR 581-021-0037 regulations for the administration of medication to students apply.¶
(18) "Successful trainee" means an individual who has completed an educational training conducted by an authorized trainer pursuant to OAR 333-055-0015 and who has accurately demonstrated both the knowledge and the practical skills required by the educational training, including at minimum the subjects required by ORS 433.815 or 433.817.
Statutory/Other Authority: ORS 433.810, ORS 413.042, ORS 433.815, ORS 433.817
Statutes/Other Implemented: ORS 433.800~~–~~, ORS 433.805, ORS 433.820, ORS 433.830

AMEND: 333-055-0015

RULE SUMMARY: AMEND 333-055-0015: Updates add reference to “physician associate” to align with statute; propose additional trainers authorized for severe allergic reaction/epinephrine protocol.

CHANGES TO RULE:

333-055-0015
Educational Training ¶

(1) Individuals to be trained to recognize severe hypoglycemia and administer glucagon, and school personnel to be trained to recognize adrenal crisis and administer a medication that treats a student who has adrenal insufficiency and who is experiencing symptoms of adrenal crisis based on the student's health plan, must be trained by:¶
(a) A physician or physician associate licensed under ORS ~~C~~chapter 677;¶
(b) A nurse practitioner licensed under ORS ~~C~~chapter 678; or¶
(c) A registered nurse licensed under ORS ~~C~~chapter 678.¶
(2) Individuals to be trained to recognize severe allergic reaction and administer epinephrine must be trained by:¶
(a) A physician or physician associate licensed under ORS ~~C~~chapter 677;¶
(b) A nurse practitioner licensed under ORS ~~C~~chapter 678;¶
(c) A registered nurse licensed under ORS ~~C~~chapter 678, as assigned by a ~~supervis~~prescribing professional ~~to teach the OHA-Public Health Division Treatment of Severe Allergic Reaction training and distributes a Certificate of Completion and Authorization to Obtain Epinephrine in accordance with~~who provides the prescriber credentials for the Authorization to Obtain Epinephrine form;¶
(d) A school nurse as defined in OAR 333-055-0006 who provides training in a school setting where the Authorization to Obtain Epinephrine form is not used;¶
(e) A paramedic as delegated by an EMS Medical Director defined in OAR chapter 333, division 265;¶
(f) An instructor from a nationally-recognized professional organization that provides cardiopulmonary resuscitation (CPR) certification using current scientific guidance, such as the American Heart Association or American Red Cross. The instructor must use the Authority-approved educational training protocol. If the instructor distributes the Authorization to Obtain Epinephrine, the instructor must be a prescribing provider, or must be assigned by a prescribing provider, as defined in OAR 333-055-00~~30(1)~~06; or¶
(~~d~~g) A p~~aramedic as delegated by an EMS Medical Director defined in OAR chapter 333, division 265~~ublic health authority in Oregon, either state or local. The instructor for the public health authority must use the Authority-approved educational training protocol. If the instructor distributes the Authorization to Obtain Epinephrine, the instructor must be a prescribing provider, or must be assigned by a prescribing provider, as defined in OAR 333-055-0006.¶
(3) The training described in sections (1) and (2) of this rule must follow the Oregon Health Authority~~, Public Health Divis~~ (Authority) educational training protocol, or an Authority-approved equivalent. The ~~Public Health Division~~ Authority-approved training protocol for ~~emergency glucagon providers~~treatment of hypoglycemia is available on ~~the Inter~~line~~t~~ at http://healthoregon.org/diabetes. The Authority-approved training protocols for the treatment of severe allergic reaction or treatment of adrenal crisis are available on ~~the Inter~~line~~t~~ at http://healthoregon.org/ems.
Statutory/Other Authority: ORS 433.810, ORS 433.815, ORS 433.817, ORS 413.042
Statutes/Other Implemented: ORS 433.815, ORS 433.817, ORS 433.800, ORS 433.805, ORS 433.820, ORS 433.830

AMEND: 333-055-0021

RULE SUMMARY: AMEND 333-055-0021: Updates add reference to applicable statute.

CHANGES TO RULE:

333-055-0021
Eligibility for Training ¶

~~In order~~Pursuant to ORS 433.820, to be eligible for training under OAR 333-055-0015, a person must:¶
(1) Be 18 years of age or older; and¶
(2) Have, or reasonably expect to have, responsibility for or contact with at least one other person as a result of the eligible person's occupational or volunteer status, such as, but not limited to, a camp counselor, scout leader, forest ranger, school employee, tour guide or chaperone.
Statutory/Other Authority: ORS 433.810, ORS 413.042
Statutes/Other Implemented: ORS 433.820

AMEND: 333-055-0030

RULE SUMMARY: AMEND 333-055-0030: Updates align reference to “premeasured dose” with statutory changes per SB 1504 (Oregon Laws 2026, chapter 21); clarify permitted application of training.

CHANGES TO RULE:

333-055-0030
Certificates of Completion of Training and Authorization to Obtain Epinephrine ¶

(1) ~~Persons who successfully complete educational training under OAR 333-055-0000 through 333-055-0035 shall be given a Public Health Division statement~~Approved trainers who conduct educational trainings are authorized to sign and provide an Oregon Health Authority Certificate of ~~c~~Completion ~~signed by the individual con~~(Certificate) to individuals who successfully complete educati~~ng the~~onal training~~. The statement of completion for the treatment of allergic response training may also be used as a~~, and shall ensure a Certificate is available to each successful trainee after completion of training, in accordance with OAR 333-055-0000 through 333-055-0035.¶
(a) An ~~a~~Authori~~zation to obtain epinephrine if fully completed and personally signed by a nurse practitioner or a physician responsible for the training program. (a) A statement of completion for the treatment of allergic response training may be obtained from the Oregon Health Authority, Public Health Division, 800 NE Oregon Street, Suite 290, Portland, Oregon 97232, Phone: (971) 673-12~~ty-approved Certificate unique to each educational training is included with the respective training protocol materials, available online at the sites listed in OAR 333-055-0015.¶
(b) A Certificate expires three years from the date of training identified on the Certificate. A trainee must successfully complete training again to remain eligible for the privileges and benefits in ORS 433.800 to 433.830.¶
(~~b~~2) A ~~statement of completion for emergency glucagon providers is included in the training protocol available at http://healthoregon.org/diabetes.¶~~
~~(c) A statement of completion for school personnel trai~~person who has successfully completed the Authority-approved training protocol for severe allergic response is eligible to receive an Authorization to Obtain Epinephrine (Authorization). The Authorization serves as a prescription when fully completed and personally signed by a prescribing professional, or when personally signed ~~in~~by the ~~administration of a medication to treat adrenal crisis is included in the treatment of adrenal insufficiency protocol available at http://healthoregon.org/ems~~prescribing professional's standing-order designee pursuant to applicable licensure and pharmacy laws. Successful trainees may also seek a prescription for epinephrine from any healthcare professional with prescribing privileges as permitted by ORS 433.825.¶
(~~2~~a) The ~~statement of c~~omplet~~ion an~~ed ~~a~~Authorization ~~to obtain epinephrine form~~ allows a pharmacist to generate a prescription and dispense an emergency supply of epinephrine for not more than one child and one adult ~~in an automatic injection device if signed by a nurse practitioner or physician. Whenever such a statement of completion form f~~premeasured dose package pursuant to OAR 855-041-2320.¶
(b) The Authorization expires three years from the date of training identified on the Certificate and Authorization. A trainee must successfully complete training again in accor~~-~~dan~~ emergency supply of epinephrine is presented, the pharmacist shall w~~ce with OAR 333-055-0000 through 333-055-0035 to be eligible to obtain a new Authorization.¶
(c) Nothing in these rules requires a successful trainee to obtain epinephri~~t~~ne u~~pon~~sing the ~~back~~Authorization, o~~f~~r ~~the statement of completion form in non-erasable ink the date that the prescription was filled, returning the statement of completion to the holder. The prescription may be filled up to four times. The pharmacist who dispenses an emergency supply of epinephrine under this rule shall also reduce the prescription to writing for his files, as in the case of an oral prescription for a non-controlled substance, and file the same in the pharmacy~~o seek their own prescription for epinephrine from a healthcare professional, as a prerequisite for the successful trainee to follow the Authority-approved educational training protocol or to administer a pre-measured dose of epinephrine as defined in OAR 333-055-0006 which has been appropriately prescribed by an Oregon-authorized prescriber.¶
(3) A person who has successfully completed educational training in the administration of glucagon may receive, from the parent or guardian of a student, doses of glucagon prescribed by a health care professional with appropriate prescriptive privileges licensed under ORS chapters 677 or 678, and the necessary paraphernalia for administration.¶
(4) A person who has successfully completed educational training in the administration of a medication to treat adrenal crisis may receive, from the parent or guardian of a student, medication that treats adrenal insufficiency prescribed by a health care professional with appropriate prescriptive privileges licensed under ORS ~~C~~chapters 677 or 678, and the necessary paraphernalia for administration.¶

(5) Completion of a training program and receipt of a ~~statement~~Certificate of ~~c~~Completion does not guarantee the competency of the individual trained.¶
(6) ~~A statement of completion and authorization to obtain epinephrine shall expire three years after the date of training identified on the statement of completion. Individuals trained to administer epinephrine, glucagon or a medication to treat adrenal insufficiency must be trained every three years in accordance with OAR 333-055-0015 in order to obtain a new statement of completion.¶~~
~~(7)~~ Individuals trained to administer epinephrine, glucagon or a medication to treat adrenal crisis may be asked to provide copies of a current ~~statement~~Certificate of ~~c~~Completion to their employers or to organizations or entities to which they volunteer.~~¶~~
~~[ED. NOTE: Figures referenced are available from the agency.]~~
Statutory/Other Authority: ORS 433.810, ORS 413.042
Statutes/Other Implemented: ORS 433.815, ORS 433.817, ORS 433.825

AMEND: 333-055-0035

RULE SUMMARY: AMEND 333-055-0035: Updates change from referring to a “statement” to a “certificate”; reviewed to align with related pharmacy rules.

CHANGES TO RULE:

333-055-0035
Circumstances in Which Trained Persons May Administer Epinephrine, Glucagon or a Medication to Treat Adrenal Crisis ¶

(1) A person who holds a current ~~statement~~Certificate of ~~c~~Completion pursuant to OAR 333-055-0030 may, in an emergency situation when a licensed health care professional is not immediately available, administer epinephrine to any person suffering a severe allergic response to an insect sting or other allergen. The decision to give epinephrine should be based upon recognition of the signs of a systemic allergic reaction and need not be postponed for purposes of identifying the specific antigen which caused the reaction.¶
(2) A person who holds a current ~~statement~~Certificate of ~~c~~Completion pursuant to OAR 333-055-0030 may, in an emergency situation involving an individual who is experiencing hypoglycemia and when a licensed health care professional is not immediately available, administer health care professional-prescribed glucagon to a person for whom glucagon is prescribed, when other treatment has failed or cannot be initiated. The decision to give glucagon should be based upon recognition of the signs of severe hypoglycemia and the inability to correct it with ~~oral~~ intake of food or drink.¶
(3) School personnel who hold a current ~~statement~~Certificate of ~~c~~Completion pursuant to OAR 333-055-0030 may, in an emergency situation involving a student diagnosed with adrenal insufficiency who is experiencing symptoms of adrenal crisis and when a licensed health care professional is not immediately available, administer health care professional-prescribed medication to treat adrenal insufficiency. The decision to give medication to a student with adrenal insufficiency should be based upon the student's health plan in accordance with OAR 581-021-0037 and recognition of the signs of adrenal crisis and need not be postponed.
Statutory/Other Authority: ORS 433.810, ORS 413.042
Statutes/Other Implemented: ORS 433.825