

**Department of Legislative Services**  
Maryland General Assembly  
2009 Session

**FISCAL AND POLICY NOTE**  
**Revised**

House Bill 26

(Delegate Kullen)

Ways and Means

Education, Health, and Environmental Affairs

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**Public Schools - Children with Anaphylactic Allergies - Reduction of Risk**

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This bill requires a principal of a public school in which a student has an anaphylactic allergy to take steps, in consultation with a school health professional, to reduce the child's risk of exposure to anaphylactic causative agents and to establish procedure for self-administration of medication for anaphylaxis. It also limits the liability of school staff who respond in good faith with respect to treatment of students having anaphylactic allergic reactions.

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**Fiscal Summary**

**State Effect:** None. The bill affects only local school systems.

**Local Effect:** Most schools already carry out the bill's provisions. Any additional responsibilities not already being performed can be carried out without materially affecting local school system budgets.

**Small Business Effect:** None.

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**Analysis**

**Bill Summary:** In consultation with a school health professional, a school principal or the principal's designee must monitor the strategies developed in accordance with the Maryland State School Health Service guidelines to reduce the risk of exposure to anaphylactic causative agents and designate a peanut and tree-nut free table in the cafeteria. A school may revoke a child's authority to self-administer medication if the child misuses the medication.

**Current Law:** The Maryland State Department of Education (MSDE) and the Department of Health and Mental Hygiene (DHMH) are jointly responsible for developing public standards and guidelines for school health programs. Pursuant to that statutory authority, they have issued guidelines titled *Emergency Management of Students with Known History of Anaphylaxis or Severe Allergic Reactions*. The guidelines contain recommendations for minimum standards of care and current best practices for students with anaphylactic allergies.

The State guidelines assign primary responsibility for their implementation to school nurses, who must maintain emergency plans; develop individual health care plans for each affected child; apprise relevant school staff of the student's allergy and train them to respond in the event of an allergic reaction; assess each student's ability to self-administer epinephrine; and manage storage and access to epinephrine injectors. The guidelines also require that any child treated with epinephrine be transported to a hospital by paramedics for continued care.

**Background:** According to the National Institutes of Health, the prevalence of food allergies is between 6% and 8% in children younger than age four and 3.7% in adults, and appears to be increasing. Kidshealth.org attributes most food allergies to eight common foods: milk; eggs; peanuts; soy; wheat; tree nuts; fish; and shellfish. Allergic reactions can range from mild skin rashes to gastrointestinal discomfort to severe anaphylaxis, which causes swelling of the airways and breathing difficulty. In severe cases, it can lead to loss of consciousness or death. The most common treatment for anaphylaxis is epinephrine, which often comes in the form of a pre-dosed auto-injector that can be administered with minimal training.

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### **Additional Information**

**Prior Introductions:** HB 616 of 2008, a similar bill, passed the House. The bill received a hearing in the Senate Committee on Education, Health, and Environmental Affairs, but the committee took no further action on the bill.

**Cross File:** None.

**Information Source(s):** Maryland State Department of Education, Department of Health and Mental Hygiene, Department of Legislative Services

**Fiscal Note History:** First Reader - February 12, 2009  
mlm/mwc Revised - House Third Reader - March 27, 2009  
Revised - Enrolled Bill - May 15, 2009

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