



**Committee:** Senate Education, Energy, and the Environment

**Bill Number:** SB 180 – Public and Nonpublic Schools – Auto-Injectable Epinephrine and Bronchodilator – Use, Availability, and Policies

**Hearing Date:** January 17, 2024

**Position:** Support with Amendments

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The Maryland Nurses Association and the Maryland Association of School Health Nurses supports *Senate Bill 180 – Public and Nonpublic Schools – Auto-Injectable Epinephrine and Bronchodilator – Use, Availability, and Policies*, but we request amendments that provide safeguards for when a student is at risk of anaphylaxis. The bill’s intent is to safeguard the health of students in respiratory distress, but the bill raises safety concerns in its implementation.

The bill’s focus is on strategies to address respiratory distress for children:

- Creation of a stock bronchodilator program to support children with asthma who do not have access to their prescribed bronchodilator. We agree that this strategy is worth serious consideration. It could be accomplished through legislation, although it could also be accomplished through an update to the School Health Guidelines.
- Administration of stock bronchodilator to a child in respiratory distress who has not been diagnosed with asthma and does not have a prescription for a bronchodilator. The bill authorizes either school nurses or trained school staff to

make the determination of when to administer a bronchodilator vs epinephrine. It is this provision that raises concerns as we have detailed below.

### **Unintentional Risk to Students' Health**

We are concerned that this bill will create unintended risk for students, particularly for those at risk of anaphylaxis.

- **Children with Anaphylactic Shock at Heightened Risk:** The core issue is that anaphylactic shock can present itself as respiratory distress with near identical symptoms as asthma. For this reason, school protocols require the use of epinephrine when a child has an undiagnosed respiratory illness.

This bill relies heavily on school personnel without clinical backgrounds to make a determination about the use of bronchodilators vs epinephrine for students without an asthma diagnosis or bronchodilator prescription. This provision creates significant risk for some students, as students in anaphylactic shock could be given a bronchodilator instead of epinephrine.<sup>i</sup> In these cases, the student could appear to recover temporarily, as the bronchodilator would alleviate respiratory symptoms, but the student's underlying health, or even life, would be at even greater risk because treatment for anaphylactic shock would be delayed<sup>ii</sup>.

The bill proposes that teachers and other non-clinical school personnel be trained to "distinguish between anaphylaxis and asthma or respiratory distress." This is an unsafe responsibility to place on teachers and other nonclinical school personnel. Distinguishing between anaphylaxis and asthma is complicated and should only be done by licensed clinicians and first responders, such as emergency medical technicians and paramedics.<sup>iii</sup> Teachers and other nonclinical school personnel should not bear the responsibility of making a life-altering clinical decision that could jeopardize the health or even the life of a student.

- **Fewer School Personnel Would Be Trained in Use in Epinephrine:** While the bill’s main focus is the use of bronchodilators, the bill re-writes the framework for the epinephrine program; and the unintended result is that far fewer school personnel will be trained in the use of epinephrine.

Under the existing law under Education Article 7–426.2 “Each county board shall establish a policy for public schools within its jurisdiction to authorize the school nurse and other school personnel to administer auto–injectable epinephrine.” The bill interjects a new requirement for school personnel to complete a training program on making the determination of when to use bronchodilators vs epinephrine. There may be few school personnel who want to take on that level of responsibility, and they must be approved by the school nurse. School nurses cannot ethically or legally authorize someone to take the training unless they thought they could be truly competent to make emergency clinical assessments.

## **Conclusion and Recommended Amendments**

The House passed a version of this bill last year (HB 266) with amendments that address our concerns. The amendments refocused the bill on creating a stock bronchodilator program for students with bronchodilator prescriptions. The amendments also ensured that a broad number of school personnel could continue to be trained in the use of epinephrine.

We ask that the Senate adopt last year’s House amendments. We are aware that there may be other stakeholders who recommend amendments, and we would be very happy to work with other stakeholders to see if there should be any updates to the amendments adopted by the House last year. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> <https://emj.bmj.com/content/ememed/19/5/415.full.pdf>

<sup>ii</sup> <https://emj.bmj.com/content/ememed/19/5/415.full.pdf>

<sup>iii</sup> Ibid