
BILL: **SB0180** - Public and Nonpublic Schools – Auto-Injectable Epinephrine and Bronchodilators – Use, Availability, Training, and Policies **DATE:** March 20, 2024

SUBJECT: Letter of Information **COMMITTEE:** House Ways and Means Committee

POSITION: Information only

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The Maryland State Department of Education (MSDE) provides this information for your consideration of SB0180- *Public and Nonpublic Schools – Auto-Injectable Epinephrine and Bronchodilators – Use, Availability, Training, and Policies*. Please contact Akilah Alleyne at 410-767-0504, akilah.alleyne@maryland.gov, if additional information is needed.

Current Practice

In 2023, the Maryland General Assembly enacted Chapter 770 which amended Md. Code Ann., Educ. § 7–426.1 to require each county (LEA) board to adopt and implement guidelines to reduce the risk of exposure to anaphylactic major food allergens in classrooms and common areas. The statute requires the principals of public schools in consultation with a school health professional to implement strategies to monitor and implement the guidelines established by the LEA. Revisions were made to the guidance document, [Management of Anaphylaxis in Schools](#). The guidelines contain recommendations for minimum standards of care and current best practices for students with anaphylactic allergies. MSDE has developed and implemented a form for reporting instances of administration of epinephrine.

In current law, Education Article § 7-426 requires MSDE and the Maryland Department of Health (MDH) to jointly establish guidelines for public schools regarding providing emergency medical care to students with special health needs. Each local education agency (LEA) must establish a policy authorizing the administration of auto-injectable epinephrine. Education Article § 7-426.3 also states that each nonpublic school in the State may establish a policy authorizing school personnel to administer auto-injectable epinephrine, if available, to a student who is determined to be or perceived to be in anaphylactic shock regardless of whether a student has been identified as having an anaphylactic allergy or has a prescription for epinephrine as prescribed by an authorized licensed health care practitioner.

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SB 180 adds a requirement that “designated school personnel” be trained to identify symptoms of asthma and respiratory distress, identify symptoms of anaphylaxis, and distinguish between anaphylaxis and asthma or respiratory distress. The training will be identified or developed by MSDE, in consultation with MDH, the

American Lung Association, and the Asthma and Allergy Foundation of America. The administration of auto-injectable epinephrine can be done by a school nurse or a designated school personnel who has been trained.

SB 180 requires that the Maryland Department of Health (MDH) establish a policy to authorize the administration of a bronchodilator to a student who is determined to be experiencing asthma-related respiratory distress. This determination will be made by the school nurse or other designated school personnel who have undergone training. An incident reporting form for the use of a bronchodilator will be required.

Non-public schools may not have a full-time school nurse on site. Given that SB 180 requires a school nurse to identify those individuals who will receive training, the bill would require nonpublic schools that wish to implement the SB180 to employ a school nurse for this purpose or coordinate supervision with an off-site nurse consultant. There are currently 882 approved nonpublic schools under COMAR 13A.09.09. Of these, 441 are registered church-exempt schools and 371 are private pay approved schools. There are also 70 publicly funded nonpublic special education schools approved under COMAR 13A.09.10. If a publicly funded nonpublic special education school does not currently employ a school nurse may request a funding increase from MSDE through the Nonpublic Tuition Assistance Program to staff the school nurse position.

A school nurse or any other school personnel may not administer a bronchodilator to a prekindergarten student unless the student has been diagnosed with asthma or a reactive airway disease and has a prescription for a bronchodilator as prescribed by the student's health care practitioner.

Training

SB 180 states that school personnel, designated by the school nurse, participate in "paid professional development training" (proposed 7-426.2 (c)(3)). In school health services, training and professional development are provided by LEAs, MSDE, and other providers. Training and guidance documents cover a wide range of student health care needs, from first aid to specialized health care needs such as asthma. For some issues, training must be provided annually for all staff; in other cases, it is more specialized. Training occurs throughout the school year and typically occurs during the workday (e.g. training during after-school all staff meetings, during school year professional development days, or during summer professional development). Training and professional development are considered a part of the job responsibilities of school-based and central office staff. When training or professional development is during the workday, there is no additional payment outside of salary. If training were required outside of the workday, payment would be required but that is not typical and would be costly for the LEAs. It would be a unique circumstance to pay school staff to participate in this type of training, as proposed in SB 180.

SB 180 tasks MSDE with the identification or development of training. MSDE would consult with MDH and other medical professionals on the development of training. The required training includes identifying and distinguishing, in an emergency, symptoms for asthma, anaphylaxis, or respiratory distress; and determination of whether epinephrine or a bronchodilator should be administered. This content should be created in consultation with medical professionals and the Maryland Department of Health. The LEA should review the potential for liability on the part of the LEA and designated school personnel if non-licensed individuals may be administering medication.

Auto-injectable epinephrine

LEAs and nonpublic schools can participate in the national program, EPIPEN4SCHOOLS program, offered by VIATRIS, Inc. The local school health services programs and local school nurses in both public and nonpublic schools may request and receive up to four free EpiPen 0.3 mg and EpiPen Jr. 0.15 mg autoinjectors per school to help improve access to epinephrine in the school setting. LEAs and nonpublic schools may need to budget for extra epinephrine autoinjectors for each school building. The website information for the Free EpiPens for Schools is: <https://www.epipen.com/en/hcp/for-health-care-partners/for-school-nurses>. The American Academy of Allergy, Asthma & Immunology sponsors a School Stock Inhaler Program with information available online at <https://www.aaaai.org/tools-for-the-public/latest-research-summaries/the-journal-of-allergy-and-clinical-immunology/2021/school-inhaler>.

The Department asks that you consider this information in your deliberation of **SB 180**. If additional information is needed, please contact Akilah Alleyne, Ph.D., Executive Director of Governmental Affairs, at 410-767-0504, or akilah.alleyne@maryland.gov.