HOUSE BILL 384

By: Delegate Boyce
Introduced and read first time: January 19, 2022
Assigned to: Ways and Means

Committee Report: Favorable with amendments
House action: Adopted
Read second time: March 2, 2022

CHAPTER _____

1 AN ACT concerning

2 Public and Nonpublic Schools – Bronchodilator and Epinephrine Availability and Use – Policy Policies

4 FOR the purpose of requiring each county board of education and authorizing nonpublic schools in the State to establish a policy to obtain, administer, and train certain school nurses and other school personnel to administer in emergency situations bronchodilators to a student who is determined to have asthma and is experiencing asthma–related symptoms or is perceived to be in respiratory distress by a school nurse or any other school personnel; requiring each county board and authorizing nonpublic schools in the State to update their policies to require certain school nurses and other school personnel to complete a certain training before they are authorized to administer auto–injectable epinephrine to a student who is determined to be, or is perceived to be, in anaphylaxis; requiring the State Department of Education, in consultation with certain groups, to identify or develop a training for certain school personnel to identify symptoms of anaphylaxis, asthma, or respiratory distress in students; and generally relating to a bronchodilator and epinephrine availability and use policy policies in public and nonpublic schools in the State.

18 BY repealing and reenacting, with amendments,

19 Article – Education

20 Section 7–426.2 and 7–426.3

21 Annotated Code of Maryland

22 (2018 Replacement Volume and 2021 Supplement)

23 BY adding to

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.
Underlining indicates amendments to bill.
Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.
Article – Education

7–426.2.

(a) (1) In this section the following words have the meanings indicated.

(2) “Anaphylaxis” means a sudden, severe, and potentially life-threatening allergic reaction that occurs when an individual is exposed to an allergen.

(3) “Auto–injectable epinephrine” means a portable, disposable drug delivery device that contains a premeasured single dose of epinephrine that is used to treat anaphylaxis in an emergency situation.

(b) 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, if available, to a student who is determined by an individual who has undergone the training provided in subsection (c) of this section, if available, to be or perceived to be in anaphylaxis, regardless of whether the student:

(1) Has been identified as having an anaphylactic allergy, as defined in § 7–426.1 of this subtitle; or

(2) Has [a prescription for] been prescribed epinephrine [as prescribed] by an authorized licensed health care practitioner under the Health Occupations Article.

(c) (1) The Department, in consultation with the Maryland Department of Health, the American Lung Association, and the Asthma and Allergy Foundation of America, shall identify or develop a training to:

(1) Identify the symptoms of asthma and respiratory distress;

(II) Identify the symptoms of anaphylaxis; and
(III) **How to distinguish between anaphylaxis and asthma or respiratory distress.**

(2) **The training identified or developed under paragraph (1) of this subsection shall be provided to school nurses and voluntary school personnel who are designated by a school nurse and, in the clinical judgment of the school nurse, are appropriate recipients of the training.**

(3) **The training provided under this subsection shall be a paid professional development training.**

**D** The policy established under subsection (b) of this section shall include:

1. **Training for school personnel on how to recognize the symptoms of anaphylaxis**
2. Procedures for the emergency administration of auto–injectable epinephrine by a school nurse or designated volunteer;
3. The proper follow–up emergency procedures;
4. A provision authorizing a school nurse to obtain and store at a public school auto–injectable epinephrine to be used in an emergency situation; and
5. A requirement that each public school develop and implement a method for notifying the parents or guardians of students of the school's policy under this section at the beginning of each school year.

**E**

1. **An authorized licensed health care practitioner may provide auto–injectable epinephrine to a school nurse or designated volunteer for use in accordance with this section.**
2. **Auto–injectable epinephrine used under this section must be from a licensed pharmacy or manufacturer.**
3. **A county board or public school may accept donated auto–injectable epinephrine from a licensed pharmacy or manufacturer.**
4. **A county board may apply for grants to obtain funding for the purchase of auto–injectable epinephrine from a licensed pharmacy or manufacturer.**
[(d) (F)] Except for any willful or grossly negligent act, a school nurse or other school personnel who respond in good faith to the anaphylactic reaction of a child in accordance with this section may not be held personally liable for any act or omission in the course of responding to the reaction.

[(e) (G)] (1) Each public school shall submit, on the form that the Department requires, a report to the Department on each incident at the school or at a related school event that required the use of auto–injectable epinephrine.

(2) The Department shall develop and disseminate a standard form to report each incident requiring the use of auto–injectable epinephrine at a public school.

7–426.3.

(a) (1) In this section the following words have the meanings indicated.

(2) “Anaphylaxis” means a sudden, severe, and potentially life–threatening allergic reaction that occurs when an individual is exposed to an allergen.

(3) “Auto–injectable epinephrine” means a portable, disposable drug delivery device that contains a premeasured single dose of epinephrine that is used to treat anaphylaxis in an emergency situation.

(4) “School personnel” means individuals who are employed by a nonpublic school, including part–time employees, teachers and substitute teachers employed by the school for at least 7 days each school year, a school nurse, registered nurse case manager, delegating nurse, and administrative staff.

(b) 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 BY AN INDIVIDUAL WHO HAS UNDERGONE THE TRAINING PROVIDED UNDER § 7–426.6(C) OF THIS SUBTITLE, IF AVAILABLE, to be or perceived to be in anaphylaxis, regardless of whether the student:

(1) Has been identified as having an anaphylactic allergy, as defined in § 7–426.1 of this subtitle; or

(2) Has [a prescription for] BEEN PRESCRIBED epinephrine [as prescribed] by an authorized licensed health care practitioner under the Health Occupations Article.

(c) The policy established under subsection (b) of this section shall include:

(1) Training for school personnel on how to recognize the signs and symptoms of anaphylaxis by a licensed health care practitioner who is authorized to administer auto–injectable epinephrine and who has been trained in an established
protocol on how to recognize the signs and symptoms of anaphylaxis. The training
identified or developed under § 7–426.2(c) of this subtitle for school
nurses and voluntary school personnel who are designated by a school
nurse and, in the clinical judgment of the school nurse, are
appropriate recipients of the training;

(2) Procedures for the emergency administration of auto–injectable
epinephrine by a school nurse or designated volunteer;

(3) The proper follow-up emergency procedures;

(4) A provision authorizing a school nurse or other licensed health care
practitioner to obtain and, school personnel to store, at a nonpublic school auto–injectable
epinephrine to be used in an emergency situation;

(5) A requirement that the nonpublic school develop and implement a
method for notifying the parents or guardians of students of the school's policy under this
section at the beginning of each school year; and

(6) An ongoing process for oversight and monitoring by a licensed health
care practitioner of the implementation of the policy established under subsection (b) of this
section.

(D) (1) An authorized licensed health care practitioner may
provide auto–injectable epinephrine to a school nurse or designated
volunteer for use in accordance with this section.

(2) Auto–injectable epinephrine used under this section
must be from a licensed pharmacy or manufacturer.

(3) A nonpublic school may accept donated auto–injectable
epinephrine from a licensed pharmacy or manufacturer.

(4) A nonpublic school may apply for grants to obtain
funding for the purchase of auto–injectable epinephrine from a
licensed pharmacy or manufacturer.

[(d)] (E) Except for any willful or grossly negligent act, school personnel who
respond in good faith to the anaphylactic reaction of a child in accordance with this section
may not be held personally liable for any act or omission in the course of responding to the
reaction.

7–426.6.
(A) (1) In this section the following words have the meanings indicated.

(2) “Asthma” means a chronic lung disease that inflames and narrows air passages, causing recurring periods of wheezing, chest tightness, shortness of breath, and coughing.

(3) “Bronchodilator” means medication that relaxes bronchial muscles, resulting in the expansion of bronchial air passages to provide fast treatment of asthma–related symptoms and symptoms of respiratory distress.

(4) “School personnel” means individuals who are employed by a public school, including part–time employees, teachers and substitute teachers employed by the school for at least 7 days each school year, registered nurse case managers, delegating nurses, and administrative staff.

(B) (1) Except as provided in paragraph (2) of this subsection, each county board shall establish a policy for public schools within its jurisdiction to authorize the school nurse and other school personnel to administer a bronchodilator, if available, to a student who is determined by an individual who has undergone the training provided in subsection (C) of this section, if available, to have asthma, is experiencing asthma–related symptoms, or is perceived to be in respiratory distress, regardless of whether the student:

   (I) has been diagnosed with asthma or reactive airway disease; or

   (II) has a prescription for been prescribed a bronchodilator as prescribed by an authorized licensed health care practitioner under the Health Occupations Article.

   (2) Neither a school nurse nor 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.

(C) (1) The training identified or developed under § 7–426.2(c) of this subtitle shall be provided to school nurses and other voluntary school personnel who are designated by a school nurse and,
IN THE CLINICAL JUDGMENT OF THE SCHOOL NURSE, ARE APPROPRIATE RECIPIENTS OF THE TRAINING.

(2) THE TRAINING PROVIDED UNDER THIS SUBSECTION SHALL BE A PAID PROFESSIONAL DEVELOPMENT TRAINING.

(D) THE POLICY ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION SHALL INCLUDE:

1. TRAINING FOR SCHOOL NURSES AND OTHER SCHOOL PERSONNEL ON HOW TO RECOGNIZE THE SIGNS AND SYMPTOMS OF ASTHMA AND RESPIRATORY DISTRESS. THE TRAINING REQUIRED UNDER SUBSECTION (C) OF THIS SECTION;

2. PROCEDURES FOR THE EMERGENCY ADMINISTRATION OF A BRONCHODILATOR BY A SCHOOL NURSE OR DESIGNATED VOLUNTEER;

3. THE PROPER FOLLOW-UP EMERGENCY PROCEDURES;

4. A PROVISION AUTHORIZING A SCHOOL NURSE TO OBTAIN AND STORE AT A PUBLIC SCHOOL BRONCHODILATORS AND MODES OF DELIVERY, INCLUDING INHALERS WITH SPACERS, TO BE USED IN AN EMERGENCY SITUATION; AND

5. A REQUIREMENT THAT EACH PUBLIC SCHOOL DEVELOP AND IMPLEMENT A METHOD FOR NOTIFYING THE PARENTS OR GUARDIANS OF STUDENTS OF THE SCHOOL’S POLICY UNDER THIS SECTION AT THE BEGINNING OF EACH SCHOOL YEAR.

(E) (1) AN AUTHORIZED LICENSED HEALTH CARE PRACTITIONER MAY PROVIDE BRONCHODILATORS TO A SCHOOL NURSE OR ANY OTHER SCHOOL PERSONNEL OR DESIGNATED VOLUNTEER FOR USE IN ACCORDANCE WITH THIS SECTION.

2. BRONCHODILATORS AND MODES OF DELIVERY ADMINISTRATION, INCLUDING INHALERS WITH SPACERS, USED BY A SCHOOL NURSE OR ANY OTHER SCHOOL PERSONNEL MUST BE FROM A LICENSED PHARMACY OR MANUFACTURER.

3. A COUNTY BOARD OR PUBLIC SCHOOL MAY ACCEPT DONATED BRONCHODILATORS AND MODES OF DELIVERY ADMINISTRATION, INCLUDING INHALERS WITH SPACERS, FROM A LICENSED PHARMACY OR MANUFACTURER.

4. A COUNTY BOARD MAY APPLY FOR GRANTS TO OBTAIN FUNDING FOR THE PURCHASE OF BRONCHODILATORS AND MODES OF DELIVERY ADMINISTRATION, INCLUDING INHALERS WITH SPACERS.
(F) Except for any willful or grossly negligent act, a school nurse or any other school personnel who respond in good faith to the asthma attack or respiratory distress of a child in accordance with this section may not be held personally liable for any act or omission in the course of responding to the child in distress.

(G) (1) For each incident at the school or at a related school event that required the use of a bronchodilator, each public school shall:

1. Notify the student's parent or legal guardian of the incident; and

2. Make a record of the incident, on the form that the Department requires, and file the form in the student's school medical record.

(ii) Each public school shall submit to the Department a report, on the form and schedule required by the Department, on the number of incidents at the school or at a related school event that required the use of a bronchodilator.

(2) The Department shall develop and disseminate standard forms to record each incident and report incidents requiring the use of a bronchodilator at a public school.

7–426.7.

(A) (1) In this section the following words have the meanings indicated.

(2) "Asthma" means a chronic lung disease that inflames and narrows air passages, causing recurring periods of wheezing, chest tightness, shortness of breath, and coughing.

(3) "Bronchodilator" means medication that relaxes bronchial muscles, resulting in the expansion of bronchial air passages to provide fast treatment of asthma-related symptoms and symptoms of respiratory distress.

(4) "School personnel" means individuals who are employed by a nonpublic school, including part-time employees, teachers and substitute teachers employed by the school for at least 7 days each
SCHOOL YEAR, REGISTERED NURSE CASE MANAGERS, DELEGATING NURSES, AND ADMINISTRATIVE STAFF.

(B) (1) EACH EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, EACH NONPUBLIC SCHOOL IN THE STATE MAY ESTABLISH A POLICY AUTHORIZING THE SCHOOL NURSE AND OTHER SCHOOL PERSONNEL TO ADMINISTER, EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, A BRONCHODILATOR, IF AVAILABLE, TO A STUDENT WHO IS DETERMINED BY AN INDIVIDUAL WHO HAS UNDERGONE THE TRAINING PROVIDED UNDER § 7–426.2(C) OF THIS SUBTITLE, IF AVAILABLE, TO HAVE ASTHMA, IS EXPERIENCING ASTHMA–RELATED SYMPTOMS, OR IS PERCEIVED TO BE IN RESPIRATORY DISTRESS, REGARDLESS OF WHETHER THE STUDENT:

(I) HAS BEEN DIAGNOSED WITH ASTHMA OR REACTIVE AIRWAY DISEASE; OR

(II) HAS A PRESCRIPTION FOR BEEN PRESCRIBED A BRONCHODILATOR AS PRESCRIBED BY AN AUTHORIZED LICENSED HEALTH CARE PRACTITIONER UNDER THE HEALTH OCCUPATIONS ARTICLE.

(2) 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.

(C) THE POLICY ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION SHALL INCLUDE:

(1) TRAINING FOR SCHOOL NURSES AND OTHER SCHOOL PERSONNEL ON HOW TO RECOGNIZE THE SIGNS AND SYMPTOMS OF ASTHMA AND RESPIRATORY DISTRESS BY A LICENSED HEALTH CARE PRACTITIONER WHO IS AUTHORIZED TO ADMINISTER A BRONCHODILATOR AND WHO HAS BEEN TRAINED IN AN ESTABLISHED PROTOCOL ON HOW TO RECOGNIZE THE SIGNS AND SYMPTOMS OF ASTHMA AND RESPIRATORY DISTRESS. THE TRAINING IDENTIFIED OR DEVELOPED UNDER § 7–426.2(C) OF THIS SUBTITLE FOR SCHOOL NURSES AND VOLUNTEER SCHOOL PERSONNEL WHO ARE DESIGNATED BY A SCHOOL NURSE AND, IN THE CLINICAL JUDGMENT OF THE SCHOOL NURSE, ARE APPROPRIATE RECIPIENTS OF THE TRAINING;

(2) PROCEDURES FOR THE EMERGENCY ADMINISTRATION OF A BRONCHODILATOR BY A SCHOOL NURSE OR DESIGNATED VOLUNTEER;

(3) THE PROPER FOLLOW–UP EMERGENCY PROCEDURES;
(4) A provision authorizing a school nurse or any other licensed health care practitioner to obtain, and a school nurse or any other school personnel to store, at a nonpublic school for use in an emergency situation bronchodilators and modes of delivery, including inhalers with spacers;

(5) A requirement that the nonpublic school develop and implement a method for notifying the parents or guardians of students of the school’s policy under this section at the beginning of each school year; and

(6) An ongoing process for oversight and monitoring by a licensed health care practitioner of the implementation of the policy established under subsection (B) of this section.

(D) (1) An authorized licensed health care practitioner may provide bronchodilators to a school nurse or any other school personnel or designated volunteer for use in accordance with this section.

(2) Bronchodilators and modes of delivery administration, including inhalers with spacers, used by a school nurse or any other school personnel must be from a licensed pharmacy or manufacturer.

(3) A nonpublic school may accept donated bronchodilators and modes of delivery administration, including inhalers with spacers, from a licensed pharmacy or manufacturer.

(4) A nonpublic school may apply for grants to obtain funding for the purchase of bronchodilators and modes of delivery administration, including inhalers with spacers.

(E) Except for any willful or grossly negligent act, a school nurse or any other school personnel who respond in good faith to the asthma attack or respiratory distress of a child in accordance with this section may not be held personally liable for any act or omission in the course of responding to the child in distress.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2022.