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## Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Gary Hicks, Board President | Karen Evans, Executive Director 4140 Patterson Ave, Baltimore, MD 21215

April 5, 2022

The Honorable Paul G. Pinsky Chair, Senate Education, Health, and Environmental Affairs Committee 2 West Miller Senate Office Building Annapolis, MD 21401-1991

## **RE:** HB 384 – Public and Nonpublic Schools – Bronchodilator and Epinephrine Availability and Use – Policies – Letter of Concern

Dear Chair Pinsky and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of concern for House Bill (HB) 384 – Public and Nonpublic Schools – Bronchodilator and Epinephrine Availability and Use – Policies. This bill requires each county Board of Education and authorizes nonpublic schools to establish a policy to obtain, administer, and train certain school personnel to administer in emergency situations bronchodilators to a student who is determined to have asthma and experiences asthma-related symptoms or is perceived to be in respiratory distress; requires each county board of education and authorizes nonpublic schools to update their policies to require certain school personnel to complete training before they are authorized to administer auto-injectable epinephrine to a student who is determined to be, or perceived to be, in anaphylaxis; and requires the State Department of Education to identify or develop training for certain school personnel to identify symptoms of anaphylaxis, asthma, or respiratory distress in students.

The Board is in favor of increasing school readiness by addressing student health conditions related to asthma, respiratory distress, and anaphylaxis. The Board supports efforts to ensure schools have the ability to stock bronchodilators and authorizes the school nurse to identify personnel who are competent to administer bronchodilators to a student in an emergency situation. The Board has great concern, however, with legislating clinical practice and disregarding current school health guideline processes for medical conditions.

The Maryland State Department of Education's (MSDE) School Health Services is responsible for developing standards and guidelines related to the safe practice and training of school nurses, the administration of medications, and the delegation of tasks to unlicensed assistive personnel. MSDE has published protocols related to the training and administration of naloxone, anaphylactic reactions, epinephrine, medical cannabis, and management of diabetes, asthma, and sickle cell disease<sup>1</sup> in the school setting. The training and administration of bronchodilators should follow similar processes that are currently instituted by MSDE. This would ensure

<sup>&</sup>lt;sup>1</sup> School Health Services Guidelines – Table of Contents. Maryland State Department of Education.

consistency and uniformity by allowing a stakeholder workgroup to convene and discuss best practices for bronchodilator administration, safety measures for symptomatology and contraindications, and next steps to be taken by either the school nurse or school administrator. The Board finds it inappropriate to bypass current processes that have been found to be both thorough and effective.

The Board is additionally concerned with the provisions that allow the school nurse or other personnel to administer a bronchodilator regardless of whether a student has been diagnosed with asthma or reactive airway disease or has been prescribed a bronchodilator by a licensed healthcare practitioner. Registered Nurses (RN) and Licensed Practical Nurses (LPN) are not legally authorized to administer medications, such as bronchodilators, to an individual who has not received a prescription from an authorized practitioner, unless a standing order has been appropriately issued. The bill, however, remains silent on the matter of standing orders. As a result, nurses and other school personnel would need to defer to current emergency protocols for students exhibiting asthma-related symptoms or respiratory distress.

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of concern for HB 384.

I hope this information is useful. For more information, please contact Iman Farid, Health Policy Analyst, at (410) 585 – 1536 (<u>iman.farid@maryland.gov</u>) or Rhonda Scott, Deputy Director, at (410) 585 – 1953 (<u>rhonda.scott2@maryland.gov</u>).

Sincerely,

Gary N. Hicks Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.