



DEPARTMENT OF HEALTH

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

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

RE: HB 384 - Public and Nonpublic Schools - Bronchodilator and Epinephrine Availability and Use - Policies - Letter of Information

Dear Chair Pinsky and Committee Members:

The Maryland Department of Health (MDH) is submitting this letter of information for House Bill (HB) 384 - Public and Nonpublic Schools - Bronchodilator and Epinephrine Availability and Use - Policies.

HB 384 requires each county board to establish a policy for public schools within its jurisdiction to authorize the school nurse and other school personnel to administer a bronchodilator to a student who is perceived to be in respiratory distress, regardless of whether the student has a formal diagnosis of asthma. The bill also allows nonpublic schools to establish the same policy. MDH notes that students who are in respiratory distress and who do not have a known asthma diagnosis should be administered auto-injectable epinephrine as the course of first treatment. Many of the symptoms of a severe allergic reaction or a severe asthma attack may seem similar. Thus, the respiratory symptoms that the student is experiencing could be a component of anaphylaxis (not asthma) and delays in treating anaphylaxis (i.e. administering a bronchodilator in lieu of auto-injectable epinephrine) can be life-threatening. Clinical guidance recommends using an epinephrine auto-injector first (it treats both anaphylaxis and asthma) if it is unclear whether the respiratory distress is caused by asthma or anaphylaxis.¹

The bill as amended also requires training, 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”, to identify the symptoms of asthma and respiratory distress, the symptoms of anaphylaxis, and how to distinguish between them. After receiving the training, they will be eligible to administer a bronchodilator as established above. Distinguishing between anaphylaxis and asthma or respiratory distress requires a level of clinical assessment that is not appropriate for non-registered nurse school personnel who may not have any formal health education, experience, or licensure.

¹ Asthma and Allergy Foundation of America, <https://www.aafa.org/anaphylaxis-severe-allergic-reaction/>

The amendments also require county boards and nonpublic schools to develop policies that authorize “school nurses” and trained volunteers “designated by a school nurse” to administer emergency medications (auto-injectable epinephrine and bronchodilators) to students when they have symptoms. This is more restrictive than the language in current statute² for auto-injectable epinephrine which permits each nonpublic school to 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 anaphylaxis. Nonpublic schools that do not have a school nurse will be unable to designate any personnel to administer these emergency medications; some fill this clinical role with a physician consultant..

Lastly, HB 384 as amended now requires the training of public school nurses and designated volunteers in asthma, respiratory distress and anaphylaxis symptoms be a paid “professional development training” which typically requires continuing education units (CEU) to be given. This training is to be identified or developed by the Maryland State Department of Education in consultation with MDH, the American Lung Association, and the Asthma and Allergy Foundation of America. According to data from the 2018-19 School Health Services Survey completed by each of the 24 local public school systems/local health departments, there were approximately 1,950 school health personnel³ across the state who would be required to take this training. There will be an unfunded cost in order to develop the training program to meet this criteria or pay the costs of providing the CEUs to each of the aforementioned school health personnel.

If you would like to discuss this further, please contact Heather Shek, Director, Office of Governmental Affairs at 410-767-5282 or heather.shek@maryland.gov.

Sincerely,



Dennis R. Schrader
Secretary

² MD Code, Education, § 7-426.3

³ This figure does not include staffing figures for nurses or other school health personnel at nonpublic schools.