



**Committee:** Senate Education, Health, and Environmental Affairs Committee

**Bill Number:** House Bill 384 – Public and Nonpublic Schools – Bronchodilator and Epinephrine Availability and Use - Policies

**Hearing Date:** April 5, 2022

**Position:** Oppose

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The Maryland Nurses Association opposes *House Bill 384 – Public and Nonpublic Schools – Bronchodilator and Epinephrine Availability and Use – Policies*. The bill’s intent is to safeguard the health of students in respiratory distress, but the bill raises serious safety concerns. **The bill jeopardizes the health and safety who are in respiratory distress because of anaphylactic shock. We recommend that the Committee ask the Maryland State Department of Education and the Maryland Department of Health, in collaboration with the the Maryland Institute for Emergency Medical Services Systems and other stakeholders, review the issues raised by the bill over the interim and address by updating school health guidelines.**

### **Core Safety Issues**

The bill raises some core safety issues:

- **Puts Students in Anaphylactic Shock at Risk:** Under current school health policies, students in respiratory distress should be given epinephrine, as anaphylactic shock often manifests itself with symptom similar to asthma.<sup>i</sup> The exceptions are students who have an asthma diagnosis and a prescription for a bronchodilator. In those cases, the school nurse or school-nurse’s designee can administer a bronchodilator – either the student’s own medication or a stock bronchodilator.<sup>ii,iii</sup>

This bill would allow for non-clinicians to make decisions about the administration 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>iv</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>v</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 unfair, unrealistic, and 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>vi</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. School nurses could not legally or ethically delegate this responsibilities to non-clinicians.

Even school nurses cannot administer medications to students without a prescription, as it would violate Title 8 of the Health Occupations Article. There is legal mechanism to address this through a standing order, but the bill does not contemplate standing orders for school nurses.

- **Rewrites Existing Epinephrine Law:** Maryland's epinephrine program in schools has been working safely and effectively. For reasons that are unclear, the House amended the underlying epinephrine law and created potential problems for the epinephrine program.

Under current law, a health care professional, such as a physician or nurse practitioners, prescribes epinephrine under a standing order and provides the prescription to the school nurse. The school nurse then has the responsibility for storing the epinephrine and arranging for designated school personnel to have access to the epinephrine in an emergency. In the amended bill on page 3 in lines 22-24, prescribers could give epinephrine to nonclinical school personnel directly. This change has significant safety

and policy implications, raising questions about the legal responsibility and liability of the non-clinicians, including teachers, in storing and administer epinephrine.

## Conclusion and Recommendation

**We ask for an unfavorable report. Instead of moving forward with the bill, we recommend that the Committee request that the Maryland State Department of Education, Maryland Department of Health, and examine and evaluate current school health guidelines regarding asthma and other forms of respiratory distress as part of the school health guidelines process. The state agencies could consult with interested stakeholders and report back to the Committee.**

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://www.aafa.org/anaphylaxis-severe-allergic-reaction/>

<sup>ii</sup> <https://www.lung.org/getmedia/92bd8d3f-c5ca-46c0-9063-9d5719ec690b/model-policy-for-school.pdf.pdf>

<sup>iii</sup> <https://www.lung.org/getmedia/872c9b6a-5379-4321-8913-102d53182e29/improving-access-to-asthma.pdf.pdf>

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

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

<sup>vi</sup> Ibid