



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Acting Secretary

February 8, 2023

The Honorable Vanessa E. Atterbeary
Chair, House Ways and Means Committee
Room 131 House Office Building
Annapolis, MD 21401-1991

RE: HB 266 – Public and Nonpublic Schools – Bronchodilator and Epinephrine Availability and Use – Policies – Letter of Opposition

Dear Chair Atterbeary and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of opposition for House Bill (HB) 266 – 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 is experiencing asthma-related symptoms or is perceived to be in respiratory distress; requires each county board 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 is perceived to be, in anaphylaxis; and requires the State Department of Education to identify or develop a 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 school health conditions related to asthma, respiratory distress, and anaphylaxis. The Board supports efforts to ensure schools have the ability to stock auto-injectable epinephrine and bronchodilators. The Board has great concern, however, with disregarding current school health guideline processes for medical conditions and circumventing current standards of practice by legislating clinical responsibilities.

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, medical cannabis, anaphylactic reactions, epinephrine, and management of diabetes, asthma, and sickle cell disease¹. The training and administration of bronchodilators should follow similar processes instituted by MSDE. This would ensure consistency and uniformity by allowing stakeholder workgroups to convene to discuss best practices for bronchodilator administration, safety measures for symptoms and contraindications, and next steps taken by either the nurse or school

¹ School Health Services Guidelines – Table of Contents. Maryland State Department of Education.

administrator. The Board finds it inappropriate to bypass current processes that have been found to be thorough and effective.

The Board is additionally concerned with the provisions that allow the school nurse or 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 provider. Registered and licensed practical nurses are not legally authorized to administer medications, for example bronchodilators, to an individual who has not received a prescription from an authorized healthcare practitioner, unless a standing order has been issued. HB 266 remains silent on the matter of standing orders. As a result, school nurses would need to defer to current emergency protocols for students exhibiting asthma-related symptoms or respiratory distress.

The school nurse provides the expertise to identify, assess, plan, implement, and evaluate the needs of the school community. There are, however, significant barriers to providing this service, as the current school health landscape cannot provide a dedicated registered nurse or licensed practical nurse for each school setting. Instead, school nurses often travel among different schools within a district or county². This barrier has been further exacerbated by the public health emergency and nursing workforce shortage. The Board is unsure of how the school nurse will determine which school personnel are appropriate recipients of the training program. This provision may also limit and/or decrease the number of school personnel deemed appropriate by the school nurse as capable of making emergency assessments related to asthma, respiratory distress, and anaphylaxis.

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of opposition for HB 266.

I hope this information is useful. For more information, please contact Ms. Iman Farid, Health Planning and Development Administrator, at iman.farid@maryland.gov or Ms. Rhonda Scott, Deputy Director, at (410) 585 – 1953 (rhonda.scott2@maryland.gov).

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.

² School Health Nurse Staffing. Montgomery County Commission on Health. November 2019.