



State of Maryland
Maryland Institute for Emergency Medical Services Systems

Wes Moore
Governor

Clay B. Stamp
Chairman, EMS Board

Theodore R. Delbridge, MD, MPH
Executive Director

January 24, 2024

The Honorable Vanessa E. Atterbeary
Chair, House Ways & Means Committee
131 House Office Building
Annapolis, Maryland 21401

Re: HB 86 – Public and Nonpublic Schools – Auto-Injectable Epinephrine and Bronchodilators – Use, Availability, Training, and Policies – Letter of Information

Dear Chair Atterbeary:

On behalf of the Maryland Institute for Emergency Medical Services Systems (MIEMSS) and the State Emergency Medical Services (EMS) Board, I am writing to provide information the Committee may find helpful as it considers HB 86.

As you know, MIEMSS is an independent State agency responsible for coordinating Maryland's statewide EMS System. MIEMSS is governed by an 11-member State EMS Board appointed by the Governor. Among other things, the EMS Board is responsible for licensing and certification of all EMS personnel, including Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs) and Paramedics. See §§13-516 Education Art., MD Code Ann.

HB 86 requires each local board of education, and authorizes nonpublic schools, to establish a policy to obtain and administer bronchodilator medication to a student experiencing asthma-related symptoms and to obtain and administer auto-injectable epinephrine to a student determined or perceived to be in anaphylaxis. Under the bill, these medications may be administered by school nurses or by other individuals who have undergone training, if available. Since school nurses or certified nursing aides are not available in every school in Maryland, the bill contemplates emergency care being provided by other individuals who have no specified medical training.

In an emergency, recognizing and differentiating between respiratory distress caused by asthma, for which a bronchodilator would be administered, and a severe allergic reaction, for which epinephrine would be administered, is not a simple task for a health care practitioner, let alone a lay person. Treatment of these conditions is not without risk. Neither medication is "over-the-counter," and requires a physician's prescription or order after a sufficient evaluation of the recipient (patient). In the case of epinephrine, decisions about specific dosages are required. For this reason, EMRs may not administer these medications independently, despite being State-certified after completing at least 51 hours of classroom training and passing a psychomotor/ practical exam and a National Registry EMR cognitive exam – far more training than is likely to be provided to individuals under this bill. Other levels of EMS Clinicians (e.g., EMTs and Paramedics) are authorized to administer these medications, following specific protocols or after consultation with an EMS Base Station Physician and after a sufficient physical examination of the patient.

Finally, individuals attempting to differentiate between the asthma and a severe allergic reaction so as to administer the proper medication may delay calling 9-1-1 when, in fact, calling 9-1-1 should be the first response to the emergency situation.

Several years ago, MIEMSS worked with the Maryland State Department of Education and the Maryland Department of Health to develop “Guidelines for Emergency Care in Maryland Schools: Guidelines for helping an ill or injured student when the school nurse is not available.” The Guidelines set forth recommended procedures for school staff with minimal training to guide decision making in an actual emergency. The algorithms contained in the Guidelines reflect established first aid and emergency response standards. Developing / updating these Guidelines presents a useful forum within which to consider and recommend treatment for respiratory distress and other emergencies in school children.

I hope you find this information helpful. Please let me know if you have any questions or if I may provide any further information.

Sincerely,

A handwritten signature in blue ink, appearing to read 'T. Delbridge'.

Theodore R. Delbridge, MD, MPH
Executive Director

