

BILL:House Bill 86TITLE:Public and Nonpublic Schools - Bronchodilator and Epinephrine Availability
and Use - PoliciesDATE:January 25, 2024POSITION:OPPOSECOMMITTEE:Ways and MeansCONTACT:John R. Woolums, Esq.

The Maryland Association of Boards of Education (MABE) opposes House Bill 86 in favor of maintaining the current law governing the availability and use of auto-injector epinephrine (EpiPens) in schools and current law ensuring that schools meet the health needs of students with asthma, including the availability and use of bronchodilators (inhalers).

MABE shares the objections raised by school nurses about the risks and unintended consequences associated with this legislation, particularly as amended to combine provisions related to the use of EpiPens and inhalers based on decisions made in emergency situations by non-health professionals. This bill would require each local board to establish a policy to authorize not only the school nurse but also other designated personnel to administer an inhaler or EpiPen to a student. Further, the bill would require that these new policies cover instances when a student is determined to have asthma, or is experiencing asthma-related symptoms, or is perceived to be in respiratory distress, regardless of whether the student has been diagnosed with asthma or has a prescription for a bronchodilator.

In contrast to House Bill 86, MABE has supported legislation in recent years to ensure that school health guidelines are updated and strengthened, including bills enacted to ensure that school health plans adequately address students with diabetes and students with sickle cell disease. These bills were crafted to ensure a high degree of care and heightened awareness among school personnel regarding the needs of students with diabetes, sickle cell disease, and other health conditions including seizure disorders.

MABE also wants to assure the legislature that local school systems are already operating in accordance with Maryland law that requires specific student health policies and services, including compliance with state guidance on emergency care planning for all students under state law and regulations (Sections 7-401 and 7-426 of the Education Article). Under the law, MSDE and the Maryland Department of Health must provide technical assistance to schools to: implement the adopted guidelines, train school personnel at the local level, and develop a process to monitor the implementation of the guidelines. State law also establishes the office of the school health services program coordinator, who is responsible for implementing State and local health policies in the public schools. Key responsibilities of the school health coordinator include ensuring that public schools adhere to local health services guidelines and communicating State and local health policies to the parents and guardians of public school students.

Local boards of education place a very high priority on student health, by ensuring that schools are operating in accordance with adopted state school health guidelines and local policies and procedures intended to provide a health and safe school environment conducive to student learning. The well-intended policy changes underlying this legislation would be better addressed through updating these separate guidelines regarding the very different issues of anaphylaxis and asthma.

For these reasons, MABE requests an unfavorable report on House Bill 86.