



DEPARTMENT OF HEALTH

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

January 25, 2024

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

RE: House Bill 86 – Public and Nonpublic Schools - Auto-Injectable Epinephrine and Bronchodilators - Use, Availability, Training, and Policies – Letter of Support with Amendments

Dear Chair Atterbeary and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of Support with Amendments for House Bill 86 – Public and Nonpublic Schools - Auto-Injectable Epinephrine and Bronchodilators - Use, Availability, Training, and Policies.

House Bill (HB) 86 requires county boards of education to update their policies to require school nurses and other school personnel to complete new training to administer auto-injectable epinephrine and to develop policies for school nurses and certain school personnel to administer bronchodilators to students. The bill also requires the Maryland State Department of Education to develop training for school personnel in distinguishing between asthma and anaphylaxis in students.

The Maryland Department of Health (MDH) supports the intent of this bill to create a stock bronchodilator program in Maryland schools to improve access to potentially life-saving medication for students with asthma. However, MDH respectfully recommends amendments to the bill as written in order to better ensure the safety of Maryland students and decrease the administrative burden on school nurses.

The bill as currently written authorizes unlicensed school personnel to make clinical decisions about whether to administer a bronchodilator or epinephrine to a student in a potentially life-threatening situation. The bill also requires training of unlicensed school personnel to distinguish between anaphylaxis and asthma in order to determine whether a student with respiratory distress without a previous diagnosis should receive a bronchodilator or epinephrine. Even with training, making this distinction requires a level of clinical assessment that is not appropriate for unlicensed school personnel. Additionally, allowing unlicensed school personnel to determine which medication to administer could result in the initial administration of a

bronchodilator to a student with anaphylaxis, putting that student at significant risk due to a potential delay in the correct intervention.

Currently, the bill as drafted does not require a student with respiratory symptoms to have a diagnosis of asthma or a prescription in order to receive treatment with a stock bronchodilator. The bill allows for the ongoing administration of a bronchodilator to a student who may be suspected of having asthma, but has not been evaluated by a licensed healthcare provider, who can make a diagnosis and determine appropriate treatment. Other medical conditions can have symptoms similar to those seen in asthma, and delaying appropriate medical evaluation and intervention could have adverse consequences for a student's health. Further, even in a student with asthma, ongoing treatment without a prescription for a bronchodilator is out of the scope of practice of school nurses, is inappropriate clinical practice, and may also be unsafe for students. Maryland's other stock medication statutes (auto-injectable epinephrine and naloxone) are for administration in emergency situations only.

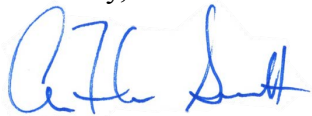
As a result, MDH recommends removal of the requirements for training school personnel and designated volunteers to distinguish between asthma and anaphylaxis or respiratory distress. MDH recommends amending the language to authorize only school nurses and school personnel designated by the school nurse to administer a stock bronchodilator. Further, MDH recommends amending the language to authorize administration of a stock bronchodilator to students in respiratory distress who have not been diagnosed with asthma or reactive airway disease (another term for asthma-like symptoms) or have not been prescribed a bronchodilator only in an emergency.

The bill as currently written also requires that school nurses and other health staff record each use of a bronchodilator on a new standardized form and notify the parent of each use of a bronchodilator. According to data from the 2022-23 School Health Services survey, almost 69,000 public school children had a known diagnosis of asthma. Students with asthma may need to use bronchodilators multiple times a day if they are experiencing symptoms. Recording each incident on a standardized form and notifying parents each time will create an undue administrative burden on school health personnel and take time away from addressing other student health needs. There is already a critical shortage of school nurses in Maryland. MDH recommends amending the language to require reporting only when a stock bronchodilator is used in Maryland schools, similar to the reporting requirements for administration of stock epinephrine and naloxone.

MDH has included proposed amendment language for the Committee's consideration.

If you have any further questions, please contact Sarah Case-Herron, Director, Office of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Laura Scott', written over a faint, light blue circular watermark or background.

Laura Herrera Scott, M.D., M.P.H.
Secretary

AMENDMENTS TO HOUSE BILL 86
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, after “**Schools**” strike “**Auto-Injectable Epinephrine and**”.

On page 1, in line 3, strike “**Training,**”.

AMENDMENT NO. 2

On page 1, in line 5, after “State,” strike beginning with “to” through “personnel” in line 16.

On page 1, in line 16, before the first instance of “and”, insert “before a certain school year to establish a policy to authorize a school nurse and certain other school personnel to administer a bronchodilator in emergency situations to a student perceived to be in respiratory distress; requiring the policy to put certain limitations on the administration of a bronchodilator to a student, including procedures for emergency administration of a bronchodilator, and including provisions to authorize a school nurse to obtain and store bronchodilators,”.

On page 1, strike beginning with “auto-injectable” in line 16 down through the first instance of “and,” in line 17.

AMENDMENT NO. 3

On page 1, strike in their entirety lines 18 through line 22 of the same page, inclusive.

AMENDMENT NO. 4

On pages 2 through 5, strike in their entirety the lines beginning with line 4 on page 2 down through line 26 on page 5, inclusive.

On pages 6 and 7, strike in their entirety the lines beginning with line 5 on page 6 through line 25 on page 7, inclusive.

AMENDMENT NO. 5

On page 7, after line 25, insert “**(B) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, BEFORE THE 2025-2026 SCHOOL YEAR, EACH COUNTY BOARD SHALL ESTABLISH A POLICY FOR PUBLIC SCHOOLS WITHIN ITS JURISDICTION TO AUTHORIZE A SCHOOL NURSE OR OTHER SCHOOL PERSONNEL DESIGNATED BY THE SCHOOL NURSE TO ADMINISTER A BRONCHODILATOR TO A STUDENT WHO IS PERCEIVED TO BE IN RESPIRATORY DISTRESS.**

(2) IF A STUDENT HAS NOT BEEN DIAGNOSED WITH ASTHMA OR REACTIVE AIRWAY DISEASE OR HAS NOT BEEN PRESCRIBED A BRONCHODILATOR BY AN AUTHORIZED LICENSED HEALTH

CARE PRACTITIONER UNDER THE HEALTH OCCUPATIONS ARTICLE, THE POLICY ESTABLISHED UNDER THIS SUBSECTION SHALL AUTHORIZE ONLY EMERGENCY ADMINISTRATION OF A BRONCHODILATOR.

(C) THE POLICY REQUIRED UNDER SUBSECTION (B) OF THIS SECTION SHALL INCLUDE:

(1) TRAINING FOR SCHOOL NURSES AND OTHER SCHOOL PERSONNEL DESIGNATED BY THE SCHOOL NURSE TO IDENTIFY THE SYMPTOMS OF ASTHMA AND RESPIRATORY DISTRESS;

(2) PROCEDURES FOR THE EMERGENCY ADMINISTRATION OF A BRONCHODILATOR BY A SCHOOL NURSE OR OTHER SCHOOL PERSONNEL DESIGNATED BY THE SCHOOL NURSE;

(3) THE PROPER FOLLOW-UP EMERGENCY PROCEDURES;

(4) A PROVISION AUTHORIZING A SCHOOL NURSE TO OBTAIN AND STORE AT A PUBLIC SCHOOL BRONCHODILATORS AND METHODS OF DELIVERY, INCLUDING INHALERS WITH SPACERS, TO BE USED IN AN EMERGENCY SITUATION; AND

(5) A REQUIREMENT THAT EACH PUBLIC SCHOOL DEVELOP AND IMPLEMENT A METHOD FOR NOTIFYING THE PARENTS OR GUARDIANS OF STUDENTS OF THE SCHOOL'S POLICY UNDER THIS SECTION AT THE BEGINNING OF EACH SCHOOL YEAR."

AMENDMENT NO. 6

On page 7, in line 26, strike "(F)" and substitute "(D)".

On pages 7 and 8, strike beginning with "(G)" in line 31 on page 7 down through "(II)" on page 8, line 6.

On page 8, in line 6, before "EACH", insert "(E) (1)".

AMENDMENT NO. 7

On page 8, in lines 9 and 12, after "BRONCHODILATOR" and after "SCHOOL" respectively, insert "IN ACCORDANCE WITH THE COUNTY BOARD'S POLICY UNDER SUBSECTION (B) OF THIS SECTION".

On pages 8 through 10, strike in their entirety the lines beginning with line 23 on page 8 down through line 11 on page 10, inclusive.

AMENDMENT NO. 8

On page 10, before line 12, insert "(B) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, BEFORE THE 2025-2026 SCHOOL YEAR, EACH NONPUBLIC SCHOOL IN THE STATE MAY ESTABLISH A POLICY TO AUTHORIZE A SCHOOL NURSE OR OTHER SCHOOL PERSONNEL DESIGNATED BY THE SCHOOL NURSE TO ADMINISTER A BRONCHODILATOR TO A STUDENT WHO IS PERCEIVED TO BE IN RESPIRATORY DISTRESS.

(2) IF A STUDENT HAS NOT BEEN DIAGNOSED WITH ASTHMA OR REACTIVE AIRWAY DISEASE OR HAS NOT BEEN PRESCRIBED A BRONCHODILATOR BY AN AUTHORIZED LICENSED HEALTH CARE PROFESSIONAL UNDER THE HEALTH OCCUPATIONS ARTICLE, THE POLICY ESTABLISHED UNDER THIS SUBSECTION SHALL AUTHORIZE ONLY EMERGENCY ADMINISTRATION OF A BRONCHODILATOR.

(C) A POLICY ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION SHALL INCLUDE:

(1) TRAINING FOR SCHOOL NURSES AND OTHER SCHOOL PERSONNEL DESIGNATED BY THE SCHOOL NURSE TO IDENTIFY THE SYMPTOMS OF ASTHMA AND RESPIRATORY DISTRESS;

(2) PROCEDURES FOR THE EMERGENCY ADMINISTRATION OF A BRONCHODILATOR BY A SCHOOL NURSE OR OTHER SCHOOL PERSONNEL DESIGNATED BY A SCHOOL NURSE;

(3) THE PROPER FOLLOW-UP EMERGENCY PROCEDURES;

(4) A PROVISION AUTHORIZING A SCHOOL NURSE OR ANY OTHER LICENSED HEALTH CARE PRACTITIONER TO OBTAIN, AND SCHOOL PERSONNEL TO STORE AT A NONPUBLIC SCHOOL BRONCHODILATORS AND MODES OF DELIVERY, INCLUDING INHALERS WITH SPACERS, TO BE USED IN AN EMERGENCY SITUATION; AND

(5) A REQUIREMENT THAT EACH NONPUBLIC SCHOOL DEVELOP AND IMPLEMENT A METHOD FOR NOTIFYING THE PARENTS OR GUARDIANS OF STUDENTS OF THE SCHOOL'S POLICY UNDER THIS SECTION AT THE BEGINNING OF EACH SCHOOL YEAR.

(6) AN ONGOING PROCESS FOR OVERSIGHT AND MONITORING BY A LICENSED HEALTH CARE PRACTITIONER OF THE IMPLEMENTATION OF THE POLICY ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION.”

On page 10, in line 12, strike “(E)” and substitute “(D)”.

AMENDMENT NO. 9

On page 10, before line 17, insert “SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) (1) Subject to paragraph (2) of this subsection, on or before August 1, 2024, the State Department of Education and the Maryland Department of Health jointly shall update the Maryland State school health service guidelines for the management of students with asthma in accordance with § 7-426.6 and § 7-426.7 of the Education Article.

(2) In updating the guidelines under this subsection, the State Department of Education and the Maryland Department of Health shall consult with stakeholders, including the American Lung Association and the Asthma and Allergy Foundation of America.

(b) Before the start of the 2024–2025 school year, each county board of education, including the Baltimore City Board of School Commissioners, shall make a good faith effort to adopt and implement guidelines in accordance with § 7–426.6 of the Education Article, as enacted by Section 1 of this Act, and following the Maryland State school health service guidelines updated under subsection (a) of this section.

AMENDMENT NO. 10

On page 10, in line 17, strike “SECTION 2”, and substitute “SECTION 3”.